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Original

TUBERCULAR PERITONITIS.*

BY DR. C. D. PALMER, CINCINNATI, O.

This case is especially worthy of report because it was an unsuccessful case. The patient died. I think our society would be promoted more if unsuccessful cases were reported, and not simply reports of cases in which operations were done, and we hear nothing of the results. Often the patients recover, but the remote results are not good.

Last spring Dr. Zinke was absent from his service at the German Protestant Hospital, and requested me to look after his patients there. One day I was asked to see a patient who had been received in the medical ward and had been tapped, on the supposition that it was a case of abdominal dropsy. Two bucketfuls

of fluid were drawn off the abdominal cavity, when it was found there was something back and beyond, which at first was supposed to be a pregnant uterus. The patient was a woman reduced in flesh, and I supposed that, in view of the fact she looked so badly and was distended so much, that it was a case of malignant disease of the abdomen. Consequently, I suggested an operation, and in a few days made the operation, assisted by the House Physician. I believe Dr. Evans was also present.

Upon opening the abdomen and drawing off the ascitic fluid which had reaccumulated I came down to a tumor, partly cystic, but largely solid, involving the left ovary. It was exceedingly livid in color, and rough and granular on the outside, which granular condition extended

* Reported from the Cincinnati Obstetrical Society.

to the abdominal walls. It looked like a case of tubercular peritonitis. This was, also, the opinion of Dr. Evans. A specimen was given the microscopist of the hospital, who stated subsequently that it was malignant. The woman did well, but slowly recovered. The abdominal incision where the tube was, which was removed the fourth day, did not close by first intention. The wound kept discharging even after the woman left the hospital. She returned regularly and was attended to by the House Physician.

Some months later, owing to some over-exertion in lifting a wash-tub, she ruptured the abdominal wall at the line of incision, and a large ventral hernia gradually formed. About two weeks previous to our last meeting, when I intended to report the case, she filled up again, and it was evident that another coeliotomy operation must be done. It was not then supposed she had another abdominal cyst. Having drawn off perhaps half a bucketful of fluid I saw it was not so livid as before, and on section the other ovary was found cystic, enlarged to the size of a foetal head, tubercular on the outside. This ovary was noticed at the time I took out the other diseased ovary, and it was then of fair size and apparently healthy. I thought, at the time I made this last operation, it would be a good time to put into practice a method of procedure which I consider to be the best one to correct these cases of ventral hernia. I washed out the peritoneal cavity with hot salt water, put in a drainage tube, and also excised all the relaxed tissue where the ventral hernia had occurred, and passed numerous silver sutures through the abdominal wall, taking care my needle went through the abdominal wall uniformly, drawing to the line of incision all the layers of the abdominal wall. I also tacked together the peritoneum, from top to bottom, down to the drainage-tube, with catgut sutures, buried.

The three points I wish to draw attention to are these:

1. What has been the experience of members of the society as to the final or temporary relief of tubercular

peritonitis by operating and drainage?

I have had relief always, but in time—always from three to eighteen months—there has been a slow reforming of the ascitic fluid, and finally death. In one case the woman lived in fair health eighteen months. But I have never had a complete or permanent cure.

2. How many times has it been noticed that a second ovariectomy has been rendered necessary, in the same case, by the formation of the cystic condition upon the other ovary?

In this case, for instance, a second ovariectomy was done. Most of the tumor was solid, and I do not think it was malignant, although the microscope seemed to indicate it was.

3. What is the best method of treating cases of ventral hernia? Is there any better way than to tack the peritoneal surfaces together with catgut, and make a suture with silver wire to bring together all the layers of the abdominal wall? To cause a thorough juxtaposition of all the layers of the abdominal walls is of prime importance.

Now, in regard to those three points, I would be glad to hear from the members of the society.

Dr. A. W. Johnstone:—Doctor, did you bring the wire through the skin?

Dr. Palmer:—Through the skin and everything. I pulled it out so all the layers of the abdominal wall were brought together in their normal relation.

DISCUSSION.

Dr. E. Gustav Zinke:—The case is certainly one that impressed me very much at the time I saw it, inasmuch as it was the second operation made necessary by the recurrence of the trouble, and presented numerous difficulties, such as one would naturally expect in a second operation, but which were, in this case, more marked because of a want of union in the line of the first incision, the wound having united apparently only in its peritoneal and integumentary borders. The whole of the cicatricial tissue representing the old incision had to be cut away in order to ob-

tain and unite, at the second operation, the fascia and muscle.

My own experience has taught me that, every now and then, in the closure of the wound with the "through and through" suture, the fascial borders of the incision are not brought into perfect apposition, and, although you have primary union to all appearances, subsequently separation in the aponeurotic edges of the wound takes place. Immediately after the operation, and when the patient is dismissed, the line of union appears to be perfect, but within a year or sooner, and sometimes later, the width has increased to perhaps half an inch, which, to me, is indication of failure of what seemed at first perfect and permanent union. I have recently used the silver wire buried sutures, with very satisfactory results indeed. I first saw it employed at Baltimore in Howard Kelly's clinic. It is a modification of the Halstead suture. The peritoneum is first closed with a very fine and continued silk suture; the aponeurosis is then united by interrupted silver wire mattress sutures and the integumentary border of the wound with a continued subcutaneous silk suture. The latter (the only one taken out) is removed about eight to ten days after the operation. I have been agreeably surprised at the marked and undisturbed union which results from this mode of suturing. Not in a single case have I seen supuration occur. The union is simply perfect—so perfect, indeed, that men who have not seen it may well doubt whether the abdominal cavity was ever opened. It is utterly impossible for separation to take place as long as the aponeurosis lasts.

Dr. S. Stark:—I do not know that I have very much to say in connection with the case reported this evening. I simply want to add my opinion to that of the reporter, namely, that I also consider the case reported to be one of peritonitis due to tuberculosis of the ovary. The subsequent infection of the opposite ovary would speak for that condition. It is hardly likely a similar condition would be found in the opposite ovary, if due to malignant disease. We would ex-

pect a malignant tumor to present itself in the peritoneum, in place of the ovary, as a recurrence or continuation of the original trouble.

Now, in regard to the mode of suturing the abdominal wall after laparotomy, I believe it is more the care we give to the peritoneum than the fascia, muscle or skin, which determines the subsequent condition of the wound. If the peritoneum is not folded outward nor becomes interposed between the layers of fascia we will get a good result, and for that reason the separate suturing of the peritoneum is a very good procedure. The fascia will unite to fascia of a higher or lower plane, but fascia will not unite to peritoneum, and for that reason it is well to take good care of the peritoneal layer. It is my custom to simply introduce one suture through the whole abdominal wound and bring it out very close to the edge of the peritoneum, and in that way prevent any interposition of the peritoneal surface between the fascia, and that is all that is necessary. If we are careful I believe we will get good union and not meet with any ventral hernias.

Dr. Edwin Ricketts:—I am of the opinion of the last speaker, that this was a case of tubercular peritonitis, and I have only one word in the line of—you may say—criticism, and that is this: I do not think tubercular peritonitis has even been confined to one ovary or tube, and for that reason I think Dr. Palmer would have been justified, in the first place, in removing the opposite ovary also.

The treatment of abdominal incisions has recently been gone over by the German Gynecological Society, and I see the consensus of opinion is that if you are careful as to the through and through suture, with the peritoneum and skin properly brought together, that is sufficient. It has been my misfortune in the work of the last few years to have four hernias, and I have never used anything but the through and through suture, which we who were the followers of Tait were led to believe was as good as any we know of. I gave up the Chinese silk within a year after being in his clinic and

began to use the heavy catgut. As to the number of cases of tubercular peritonitis I have had under observation, I think they number four. While there was prolongation of life, with possible comfort, the end was near in all cases.

Dr. Zinke:—Permit me to say one word more in reference to the best mode of closing the abdominal wound. If I had had such an experience with the so-called through and through suture as the last speaker I should certainly feel as though I wanted to abandon it. Not to my knowledge has a hernia followed any of my own abdominal sections. I adopted but recently the Halstead method as modified by Howard A. Kelly, simply because of the splendid results I have had an opportunity to observe visiting with this gentleman last spring; and also because I have an idea that some of my cases, operated upon years ago, will eventually develop hernia, for reasons already given. Herniae do not always form within a year or two; they come on much later. If it is true that all you need to do is to get the peritoneal borders together and prevent infection of the wound, it seems to me that that may be easily avoided. Sometimes, however, it is exceedingly difficult to get into the peritoneal cavity, and while in search of the peritoneum directly under the incision you get, occasionally, more onto one side than the other; under such circumstances it is always difficult, and sometimes impossible, to bring the edges of all the layers of the wound into apposition by a simple "through and through" suture. With a buried suture it makes no difference whether the cut in the peritoneum is directly below the line of the incision or not. If the peritoneum has been incised more to one side or the other of the tissues overlying it, every one will of necessity experience some trouble in bringing the peritoneum edges perfectly together by the old way of suturing. But if the buried suture is employed, the peritoneal edges can be readily apposed. The only objection I have to the Halstead suture (as modified by Kelly's first assistant) is that it requires so much

time to apply it; sometimes more than the operation itself. Of course, at the Johns Hopkins time is no object. They have a number of skilled assistants, who nearly always close the wound after operation and attend to other minor details. Nevertheless, the suture has certainly a good many points in its favor.

Now as to the results in tubercular peritonitis. I happen to have on record an equal number of cases with Dr. Ricketts. All have come under my observation in the last five years. Two are still living. One died two years ago (two years after the operation) of typhoid fever. Another died six months after the operation of general tuberculosis. The peritoneum, mesentery and omentum were heavily covered with tubercular deposits in every one of my cases. In none of them was anything done after opening the abdomen, except to expose the peritoneum, irrigate the cavity and close it in the ordinary way. Recovery, without an untoward symptom, and improvement locally and generally, was the immediate result in every instance. The last was operated upon December 31, 1894. This seemed the most hopeless case of all. She recovered very slowly from the effects of the operation, but she is now up and about and daily growing better and stronger. One of the two cases still living resides on Baymiller street, just north of Clark, and I am sure she would not object if any of the members of the society were to call on her to make an examination. In this case my diagnosis was multiple sub-peritoneal fibroids. Upon opening the abdomen I found large nodules of tubercular masses, from the size of a goose egg to a millet seed, within the mesentery and upon the omentum, parietal and visceral peritoneum. The peritoneal cavity was thoroughly irrigated with sterilized warm salt water and the wound closed with a drainage tube left in situ. This patient is to-day absolutely well.

Dr. Palmer:—Was she ascitic?

Dr. Zinke:—Moderately so; there was perhaps a pint and a half of clear fluid in the peritoneal cavity. This patient is at present a picture of

health; she eats and sleeps well, has no physical discomfort, smiles when you meet her, and is withal a happy and contented woman. It is one of those cases in which we obtain a great deal of credit for having done very little. The operation was performed two years ago.

Dr. Ricketts:—I would not have it understood for a moment that I am opposed to operation and washing out the cavity in tubercular peritonitis.

Dr. A. W. Johnstone:—I want a few words on this subject, as I have had some experience with cases that would be considered tubercular peritonitis. About 1887 I wrote a little paper on these growths and classified them as malignant, simple papillomatous, and tubercular. My experience simply bears out that paper. The thing that caused that paper was that I had operated upon a case of small tumor, which I found papillomatous all over, and the peritoneum covered with papilloma. Under the microscope it presented the appearance of a wart. I saw several such cases while in Birmingham. I have seen four or five of these cases of papillomatous growths in the peritoneum. I am not enough of a bacteriologist to tell whether they are tubercular in origin or not. Just what it is bacteriologically I do not know, any more than I believe they know the bacteriology of papillomata of the skin. Mr. Tait, in his book, spoke of it, and it would be simply threshing over old straw for me to speak of it here. I have myself operated on several cases, and they have all gotten well and are well to-day. True tuberculosis of the peritoneum, though, I have seen some six or eight times, and they are all living, so far as I know. The first case I operated upon in 1887. The patient was an enormous, great big negro woman, with six or eight gallons of fluid in her abdomen. The abdomen was filled with semi-purulent stuff. I put in a drainage tube and for ten days her life hung by a thread. It seemed the whole peritoneum was suppurating. After the operation she gained about one hundred pounds. For ten years she lived across the

street from my old home, and did the cooking and work of the whole family. So there is a bad case of tubercular peritonitis which got perfectly well, and is well to-day. I have had several other cases which have all recovered after operation and did well.

There is another form of peritonitis, which I have seen more of lately, and that is tubercular invasion of the appendages, with a slight invasion of the peritoneum and without any adhesions. One case I operated upon about a year ago. After getting her through I put her on creosote. She has gained about twenty pounds, and is apparently perfectly healthy. So I think in that class of cases, whenever you have an invasion of one side you must take out the appendages of the other side also, and perhaps it would be best also to take out the uterus. I opened an abdomen a second time, after another operator had taken out both ovaries, and, he supposed, the appendages, but I found he had left some of the tube behind. The patient is now in a bad way, with pulmonary consumption. I believe it is a secondary infection through the uterus, and I am sorry I did not take it out.

Now, as for the malignancy. My experience is that malignant tumors of one ovary are very apt to occur in the other, and whenever I have a suspicion of it being in one I take out the other at once. I am very happy to say I have never had to do a second ovariectomy, because whenever there is a suspicion of it having to be done I give the patient the benefit of the doubt and take the other one at the same time. I believe carcinoma will recur here just as in the breast. I do not mean to say we should always take out both breasts, but we all know how prone they are to occur in the other breast when one is affected.

As to closing the abdomen, I think what Dr. Stark has said covers the whole ground. I believe there are two points from which hernias arise: First, eversion of the peritoneum; and second, in missing the fascia with your needle. I have made it a point lately first to catch the peri-

toneum on both sides and pull it so I can see it well and keep the forceps on while the needles are going through. But, nevertheless, I have found once or twice I have missed the fascia, when I was very certain I had caught it. My percentage of hernias is a fraction of one per cent. of the whole, and all those have occurred around the drainage tube, when kept in from ten days to two weeks. I believe, in spite of stitching with silver wire or whatever you do, if you have a long drainage you will probably have a hernia, because you get a scar tissue, which is very likely to yield. Another thing, I do not believe we should get our patients up so soon. I hear some men talking about how soon their patients

are out of bed. Say what you please, it takes about twenty-one days for connective tissue to get strong, and you have no right to let the patient throw her weight on the cicatrix until it is strong. Do not let the patient get out of bed and throw her weight on the tissue until it is strong, for you can stretch a scar just as well as rubber and when once stretched it will not come back. As for the use of the abdominal supporter, even if I were to put stitches in so as to leave them permanently and used a drainage tube, I would feel very badly if I did not have an abdominal bandage.

Dr. Zinke:—I referred to the abdominal support we give these patients when they leave us.

LA FOLIE ÉROTIQUE.

BY B. BALL, PROFESSOR IN THE UNIVERSITY OF PARIS.

Translated from the third French edition by F. E. Chandler, M. D.

(Continued from last number.)

We may, I think consider the two cases just described as two classic examples of "erotomania." By this word, invented by Esquirol, is meant a mental disease of essentially cerebral origin, in which the amorous ideas have a preponderant influence and are directed upon either a real person, an imaginary being, or upon several individuals at the same time.

Chaste insanity, typical erotomania, seems to inspire only pure sentiments, elevated thoughts and an exalted adoration for the object of its vows; it usually attacks subjects who are slightly unbalanced mentally, either through hereditary or congenital causes.

Our first patient, whose paternal heredity is free from blemish, was born of an impressionable and nerv-

ous mother, who had every symptom of a neuropathic state; when a little child she had convulsions, and this is a fact often noted in subjects predisposed to this kind of disorder.

Our second patient is the thirteenth child of a numerous family, whose father, a paranoiac, with systematized delusions of persecution, died at a very advanced age.

Most authors who have written on the subject say that the erotomaniacs are weak-minded and unintelligent.

I consider this an error; I have often seen erotomaniacs who were extremely intelligent. However this may be, the patient is usually quite reserved, and only attracts notice early in his disease by his peculiar actions when in the presence of the opposite sex.

Things remain usually "in statu quo" until the age of puberty, when a romance evolved from the depths of his imagination comes to light. The morbid propensities develop and amplify, but, in the great majority of cases, the erotomaniacs remain absolutely pure of all sexual contact, but we may say that the word "erotomania" is synonymous with "masturbation."

In the midst of these confused emotions that often mark the first period of adolescence, the imagination concocts a love escapade; often as a pretext to this fiction, a person of the opposite sex appears for a moment on the stage and becomes the central point of the drama.

In the greater majority of cases the lady is older than the patient, who may have seen her but an instant, and in the most unimportant circumstances.

A young girl crossing the street meets a man who exchanges glances with her and disappears. Nothing more is necessary. The patient is sure that she is over head and ears in love with him, and without knowing her name or anything about her, she becomes the pivotal point around which all his life revolves.

In the midst of these dreams a nervous state develops, which is accompanied either by insomnia or disturbed and uneasy sleep.

Continually uneasy, worried, pursued by his ideas, the patient becomes incapable of all serious work and often becomes a hypochondriac. It is on this ground, carefully and thoroughly prepared, that his insanity finally becomes evident. Some day the patient finds his ideal, and then the chain is complete. It is a curious fact that he always seeks some one of a higher social position than himself. The ladies of rank, the princesses and queens, have thousands of admirers who may be either bashful or venturesome in the extreme.

If queens have had adorers, there is a queen placed above all who has had more adorers than all the others put together. It is the Holy Virgin, Queen of the angels and Empress of the heavens.

For one who knows the function of ideas in diseased minds, there is no doubt that both the adoration sworn by so many priests to the Virgin Mary, and the adoration so conspicuous in the works of so many theologians, are the effect of an erotomania unknown even to itself; it is love of woman that speaks under the disguise of piety in the ardent worship of all these virtuous celibates. Their sexual continence predisposes them to this aberration.

What is the position of the patient in regard to the object of his passion?

From this point of view we may meet some who are circumspect and never try to make the acquaintance of the object of their adoration.

Occasionally, the timid lover shows his passion modestly. The greater number of erotomaniacs, however, go so far as to beg certain favors, and, as the social rank of the person loved is usually far superior to their own, they are often cruelly undeceived.

The first patient we examined was an example of this.

Erotomaniacs of this class may become nuisances, or even dangerous, as in the Teulat case, where a young man entered the household of the Duc de Broglie, as an instructor, fell in love with the Duke's step-daughter and became so much in evidence that he was dismissed. He still continued his persecution, following the princess everywhere, and, finally, throwing stones into the windows to attract her attention. This caused his arrest and confinement.

We are now crossing the Rubicon; we are passing the boundary line that separates sanity from insanity, and we enter directly into the realms of the latter.

The woman adored becomes the victim of a special persecution; her glances, words and gestures are proofs of her love for the patient, and her slightest movements are eagerly noted.

A new phenomenon soon comes to

aggravate and confirm the insanity.

Hallucinations, an important factor in mental derangement, make their appearance. The most common are those of hearing; the patient hears the voice of his beloved, who speaks with him, in colloquys ranging from disconnected words to long conversations. These hallucinations may give a most unexpected turn to affairs. One patient whom I had under observation at the clinic for a long while was an old maid, whose age should have excluded preoccupations of this kind. One day, while crossing the street, she met a gentleman, who glanced at her on passing. "He looked at me because he loved me," she said. From this moment, instead of persecuting her imaginary lover, she thought herself persecuted by him; she thought that telephones were placed in her bed-chamber, that he held long conversations with her by their agency, and that he invented Machiavellic plots to get possession of her.

She is frightened; her speech becomes incoherent; she raves, and it is in this condition that she was brought to Sainte-Anne.

Even in the asylum, obsessions of this kind continued to attack her as did her hallucinations. Hallucinations of sight are much less frequent; those of the genital sense are much more frequent, especially in women, who, as is well known, are particularly subject to this kind of sensorial aberrations.

To the delusions already enumerated, ambitious ideas are often joined, especially when the beloved one is of high station. The liaison dreamed of by the patient will be the beginning of his fortune, the starting point of unhopd-for success, the foundation of his social position.

Here the delusion commences to change, and we see, almost invariably, some vague ideas of persecution make their appearance.

It then seems that this particular delusion has taken a course contrary to the one it usually follows; starting from ambition, it ends in the lypemania of the paranoiacs with delusions of persecution.

But before arriving at this stage,

the patient has already compromised himself; he writes passionate letters to his beloved; he pours out his delirium in senseless words, or very often passes from the word to the deed.

Our first patient went straight to the point with the decision of an old soldier; he called upon the girl's parents to ask her hand in marriage; this is not always the case. The patient is usually to be found wherever his inamorata may be, following her or watching beneath her windows.

The attentions of the erotomaniac are not always so reserved; they often take on a more aggressive form. Sometimes he throws stones into the windows to announce his presence, sometimes he speaks to the person he loves; occasionally he may be even more enterprising, until, finally, having made himself completely insupportable and ridiculous, he gets arrested and is transferred to our asylum. But, after sequestration, the delusions continue—the patient's ideas always pursue the same sequence; he never gives up his love and then the complications I have mentioned commence to develop.

Erotomania is often associated with religious mania; the great mystics of former times were examples of this, and we find in our asylums many absolutely analogous cases. This combination is more common in women than in men, and its form is, therefore, more discrete and concentrated.

The conditions in which erotomania is present are not such as to give hopes of amelioration. Patients with this disease are absolutely incurable; a raving maniac or a patient with pronounced melancholia may get well, but erotomaniacs never do. The disease may be intermittent, but is never cured, and, like religious mania, goes on to dementia almost invariably. Such will be, I very much fear, the lot of our two patients who have both gone some distance on this road.

Suddenly surprised by the news of his father's death, our first patient

fell into a state of mania that forced us to have him put in a padded cell; soon afterwards he fell into a state bordering on stupor. He came out of this well, and, for a short time, was perfectly lucid; he seemed to have abandoned his senseless projects and only asked to be allowed to leave Sainte-Anne to go to teaching again.

The flash of sanity was not of long duration, and to-day we see him in a worse condition than before.

We are, therefore, forced, much to our regret, to give a most unfavorable prognosis, and we fear dementia, some symptoms of which already seem to be present. (This prognosis was confirmed later.)

Besides these forms of erotic insanity, that are absolutely pure and chaste, there are others and more serious ones of which I shall speak to you later on; but now, I wish to submit to you a few preliminary considerations.

There is a solemn time that comes in the life of every alienist who has

achieved a certain reputation; I refer to when he is called upon to give expert testimony before the Courts and decide upon the life and honor of his fellow-citizens. In this case the physician becomes the magistrate. When the patients are like ours, in whom insanity was present from their birth, the task is not very difficult, but it is not always so easy to come to a decision, and then it is not always easy to have one's diagnosis accepted by the judges and the public, for we often hear it said that alienists see insane persons everywhere.

It is often more difficult to know one's duty than to do it.

How may we distinguish an erotomaniac from a simple case of excessive love? We must carefully weigh all the circumstances that have, from childhood up, marked the life of the individual, and then, when you see a man pursue for years a senseless dream in all absurd ways you may declare from the very nature of these manifestations that we have to do with an erotomaniac and not with a simple lover.

(To be continued.)

VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYSIOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

HEMOSTATIC PROPERTIES OF THE BLOOD.

(Continued.)

The marvelous results following major operations, in our country, in our time, are unprecedented in the annals of surgery.

Dr. W. E. Estes, of Bethlehem, Pa., has had unparalleled success in double, synchronous amputations, and in this class; and one observes all along the line a marked and positive diminution in the mortality. The same may be said of the surgical treatment of tumors

in the highly vascular areas, as the mammary-gland, and in cervical tumors; and this has been most notably the case in America. Now, how will we account for this? Is it because surgeons of the present generation are more adept than those of the past? No one will scarcely admit this. Is it due to antiseptic surgery? Most certainly not, for chemical solutions have long since been eschewed, on raw, mutilated tissues. Do we make a better showing with our statistics in America than our European brethren, through a deliberate suppression of our failures? While all who are informed on inside matters, only too well known, that many of our best known surgeons are not always prompt to publish their failures, still we believe, that as a whole for professional probity and honesty, Americans are inferior to none.

Our unrivalled results can only be explained on one ground, viz., because as a nation, regardless of class or caste, we are the best fed in the world.

Asepsis, surgical technique and nursing are all important, but without a good constitution to work on, and an abundance of rich, nourishing food, they are quite impotent and useless. To insure success then, we must have a vigorous blood-current; rich in nutritive materials. Effective, prompt hemostasis is the prime and essential foundation of success in all operations which entail a division of the tissues; but in order to secure this the blood itself must constitute those elements which are necessary for coagulation and regeneration.

It is most extraordinary and remarkable how the blood resists the destructive influences of organic diseases in their earlier stages.

Thus, we notice, the increased plasticity of the blood in cancerous growths of structure in organs, enabling us to proceed with comparative security and safety in the most extensive mutilation of tissue, provided the main vascular channels have been closed, as one advances with a dissection.

This hyperplasticity of the blood is a most fortunate provision of the

economy, in malignant epithelial hyperplasia, enabling surgeons to make the most extensive vivisections, enormous breaches of structure, to sweep away whole organs, or even invade the very citadels of life itself, with singular impunity. With a view of studying this peculiar property of the blood, in cancerous patients, a year ago, several fresh specimens of blood were secured by me, from organs and structures, the seat of this disease. Most of them were taken malignant ulcers of the anus, the uterus and the mammary-gland, in different stages of the malady, and it may be said here, that as a rule, after the disease begins to generalize and the powers of life wane, the coagulable properties of the blood become very greatly reduced, and hence, hemorrhage is more difficult to control; in consequence of which, a large number of the afflicted finally succumb.

MORPHOLOGICAL EXAMINATION OF THE LIVING CANCEROUS BLOOD.

In all cases care was taken to preserve the natural warmth of the blood and examine it early after its withdrawal. To the pure blood, one third part of a 5-8 of one per cent. salt solution was added. This mixture was now so mounted on the slide of the microscope that the corpuscles were unfettered by the cover-glass, and when the tendency to coagulation was manifest, fresh serum was added.

The heat in the room was maintained at about 80 degrees, Fahrenheit.

One of the first phenomena to attract notice was the presence of an immense number of "ghosts," or groups of variously formed corpuscles without nuclei, which appeared everywhere over the field.

The next feature of special interest was the great abundance of hematoblasts, or those bodies so designated by Hayem and believed by him, to be one of the principal factors in the coagulation of the blood.

Leucocytes is active amoeboid movement were present, far in excess of their normal proportion.

Vacuolation of the red globules was marked, and, on close inspection un-

der high power, the outer layer of living matter, the so-called disc-sheath, could be seen, in many, undergoing undulatory contractions, in response to irregular expansion of the raticulated protoplasm within.

In fact, all the corpuscular elements of the blood manifested a peculiar activity never witnessed in that withdrawn from a healthy individual.

Many and repeated examinations of the blood from cancerous growths undergoing ulceration revealed practically the same morphological features; all of which pointing to the profound hemic changes, of a proliferous character, which participate

in that mysterious overgrowth of epithelia, in its primary stages, before the constitution is seriously undermined.

It may be worthy of note to mention the curious fact, that the blood which escapes from a peripheral cancer, in its early stages, is chiefly arterial; flowing in jets and in such quantities as soon exsanguinate, dehydrate the tissues, and leave the stamp of the characteristic cachexia. As the disease continues its inroads, the more highly organized artery gives way to larger venous radicles, which give issue to drak, tarry blood, which escapes on the slightest irritation, and now, as its plasticity is reduced it is not so readily controlled.





Editorial

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THE BENEFITS OF CYCLING.

In an article which has been run in a serial form in the British Medical Journal, Dr. E. B. Turner gives, in the issue of June 20, a consideration to the effects of bicycling in diseases of the heart and blood vessels.

Some points covered by the doctor are very practical, and we are glad to indorse some of his views, as contained in the following:

"With regard to valvular disease of the heart, it is evident that all persons who suffer from lesions of the aortic valves should not be allowed to ride at all. The risk that any extra strain thrown on the damaged organ might be followed by most serious consequences is too great to be incurred. With regard to uncomplicated mitral disease, experience teaches that in a large number of cases actual benefit has resulted from a mild course of cycling exercise.

"In giving advice on this matter, the fact, mentioned in a former article, must always be borne in mind, namely, that the force necessary to propel the weight of the body on wheels is very much less than that which is required to carry it on its

own legs; and that to ride four miles on a cycle is a far smaller tax on the circulatory and muscular systems than to walk one. If a sufferer from mitral incompetence in its early stages be allowed and encouraged to take gentle and regular exercise on either a bicycle or light tricycle, he will maintain his general health in better condition, and at the same time give the heart muscle that amount of work which is necessary to prevent degeneration of its tissue, and thus retard dilation of the cardiac cavities. It must, of course, be a rigid law in such cases that no hills be ridden under any circumstances, and no speed attempted. Breathlessness must never be produced, and no ride attempted until an hour and a half after a meal. Under such a regime, great and lasting improvement has been observed in many persons, but, of course, each case must be judged by its surroundings and on its merits, and leave given or withheld, as seems good to the medical adviser. With respect to tricuspid mischief, no actual experience has been put on record, but it appears theoretically the wiser

course not to experiment, but to carry on the treatment on the old lines. It is superfluous to point out that where aneurism exists, or when symptoms of angina are present, the bicycle must be "tabu," and that if the arteries show signs of atheroma the greatest caution must be inculcated, and in all cases of doubt the exercise forbidden.

"A weak heart-muscle per se is not an absolute bar to riding, and if the weakness depend on a state of want of "tone" and general "flabbiness," it may be much improved by the judicious use of the wheel, prescribed under such restrictions as are necessary when the mitral valves are at fault. If a condition of fatty degeneration be detected, or if the cavities of the heart are dilated, and their walls thinned, it stands to reason that nothing but harm can ensue from attempting a new and unaccustomed form of exertion.

"The only other diseases of the circulation which depend on some organic change, and are of interest to the present question, are those of the veins. Ordinary varix of the lower limbs, however produced, is very frequently much benefited by regular cycling, but if the enlarged veins be of considerable size, a stocking should be worn. Out of a very large number of such cases the writer has never seen the slightest increase which could be put down to riding, not even in men who faced long distances on the road and path, while in many cases of infiltration of the skin and varicose eczema, a perfect cure has resulted. A suspensory

should always be used if the rider has a varicocoele, as a protection from injury by the saddle, when the roads are rough and lumpy. Piles diminish and cease from bleeding in a wonderful fashion by the time a few hundred miles have been judiciously covered, and though, of course, external masses must remain, they do not, as a rule, increase. No person is likely to wish to cycle while suffering from phlebitis, or blocking of any large vein, but when all is quiet, and the clot organized, and the vein obliterated, gentle and regulated riding has been found of use in getting rid of the edema which is sometimes so persistent.

"It is not probable that an opinion whether it be advisable to continue or resume cycling exercise in cases where there is an organic lesion of the brain or nervous system will often be sought, but such questions do sometimes arise. The writer has, on several occasions, forbidden an epileptic to mount, and has seen no harm result from allowing a moderate indulgence in the pastime to a patient with ataxia in the early stages. It would very seldom be wise to grant the same liberty to one recovered from a mild attack of cerebral hemorrhage, though it is possible that under certain circumstances good rather than harm might result. Distinct benefit ensued from mild tricycle exercise in the later stages of recovery from an attack of left hemiplegia dependent on a cerebral gumma, but every case of this description must stand on its own merits, and no general law can be laid down.

COLLAPSE OF THE LONG TERM COURSE OF STUDY FOR A MEDICAL DEGREE.

About four years ago, in consequence of the over-supply of medical practitioners in Great Britain, it was deemed expedient to extend the collegiate term from four to five years.

It will be remembered that in England the council of the British Medical Association have practically

plenary powers from the Government in matters of medical education and discipline.

The promoters of the long term course insisted that with the modern curriculum, the additional subjects to be dealt with, especially normal and pathological histology, bacteriol-

ogy and electro-therapeutics, more time was necessary in order to secure proficiency.

This means practically the extinction of the old-time apprenticeship system and a monopoly of teaching the student by the college, from his embryonic stages of medical life until the doctorate is bestowed on him.

The United States, which are, it must be confessed, in many matters slavish imitators of European customs, have made a move forward along similar lines, super-adding a preliminary examination into the students' educational fitness to qualify for medicine.

We have extended the term of study from two years to three, and in some States, notably, in New York, from three to four years. This limit has been fixed by State enactment. Some colleges, independent of legislation, have made the four years' course compulsory.

Along with this, increased stringency in the preliminary examinations; some few of our most richly endowed and influential schools now demand of the student on matriculation an art degree.

Not satisfied with these demands, quite impossible of fulfillment, except by those of liberal means, the proportion or percentage of rejections at each final examination is becoming larger each year.

In England this year, it appears that the enormous total of 38 per cent. were rejected, of those coming up for a degree. In New York, in the school given by the Vanderbilt family—the Physicians and Surgeons—116 last year were rejected.

These facts and figures are a subject for serious thought and reflection and are a matter of grave concern for the public as well as the profession, and those who propose to enter it.

In Great Britain this wholesale decapitation in the eligible column of graduates has raised a storm of indignation, and no doubt will be made a matter of Parliamentary investigation. At the late session of the council of the British Medical Association, Mr. Prigden Teale made a

vigorous speech in denunciation of the present system of examinations and demanded an early readjustment of them.

But, how about our own country, in the profession? As a whole, the are in sympathy with the present tendency of prolonged terms of study and bachelors' degrees for candidates.

On this topic we have ventured to speak before, and we have had no reasons to change our views since.

First, we believe in "sound money." That no student should be permitted to begin the study of medicine, who has not a sound, general education, with at least an elementary knowledge of the classics. His education should certainly be considerably above the common level. But to assume that he must have an arts degree, is preposterous and is an oppression which free Americans will never tolerate.

If high academic accomplishments were indispensable for the novice in beginning his medical career, many of the greatest lights that have adorned our profession would have been lost.

Many of England's most noted surgeons of the past were not highly educated. Hunter certainly was not, neither was Astley Cooper and many others. But few of those, of a high order of learning in America, have accomplished great ends in the profession, while in the past and not a few of the present, who stand far to the front, ever got beyond the village schoolmaster. They spring from the plebeian class of an humble, but respected ancestry. Had they to comply with the present demands of some of our aristocratic medical colleges they never could have entered the portals of medicine at all.

The present system of teaching in some of our States and cities must be dethroned. It has nothing to justify its existence, for it tends to monopolize and centralize medical patronage.

Three years is none too long a term of study; but there is no good reason why this should be made in any high-priced medical college. What we need are not more stu-

dents, but more schools for teaching. It is not necessary that these should be funded by millionaires. The equipment is simple for the studies of the fundamental branches, as anatomy, physiology, chemistry, materia medica and bacteriology. Instead of one mammoth concern in a large city, let there be at least six, where the student can come in close touch with his teacher; then when the final examination comes, let the test of fitness be made by an independent State board. The clinical facilities for students in the public hospitals should be open without let or hindrance, to all properly qualified, to avail themselves of them.

The present extortionate rates demanded of students, coupled with

four years' lounging and killing time, is more than the average student can meet; for those only who were born with silver spoons in their mouths can stand them.

We are most positively averse to the State in any manner interfering in professional matters. We have no State church, and we need no State medicine.

What the community demands is thoroughly trained, practical physicians, regardless of whether they are trained in such modest smaller schools as Bowdoin, Dartmouth, Tufts or Burlington, or the larger corporations. Let it be remembered that the medical college does not make the physician; he must make himself. This has been demonstrated in the cases of Senn, Sims and Thomas.

QUACKERY IN BELLEVUE HOSPITAL.

Information which comes to us from a direct and authentic sources about the deplorable dissensions among medical practitioners in New York; and the ethical degradation which many of the most prominent of them have sunk into, warrant the belief that we are on the eve of witnessing there the greatest reign of rampant quackery ever recorded in medical history.

We sounded a warning note a year ago, when it was intimated that a piratical scheme was taking shape, having for its purpose the wholesale dismissal of physicians from the public service; the whole thing being conceived and consummated among those whom we innocently believed were above such methods.

The crash came, seasoned veterans, who had won their spurs by years of honest toil, gentleman of international reputation, were ruthlessly cast on the road-side, to be replaced in most instances by inexperienced and untrained fledglings, whose chief claim is, that "they were their father's sons," or that they were "professors."

But the vengeance of an outraged profession has been felt by them, the faculties of these three colleges have been cited before the Board of Charities, to explain the grounds for their shameless grab; they have chased around the city with a "petition," begging the Mayor not to disturb them. But, haunted yet by a guilty conscience, as a last resort, they strive to stifle agitation and put a cob in the mouths of the outraged, by recommending for appointment scores of "consultants" and to their honor, be it said, that this sort of bribe has been indignantly spurned, and with few exceptions, promptly rejected.

In the early spring when the Conjoined Committee of the County Medical Society and Association appeared before the Commissioners and strongly urged a reconsideration of the whole subject, the Board was enlightened on some things of which as laymen we might expect they were, in a certain degree, ignorant. The first was: There were a large number in the profession not connected with colleges in any capacity at all, the

peers, the equals and even the superiors of professors. And secondly, that if the Commissioners should decide to act, they need have no fears of the threatened revolt of the Medical Board of Bellevue Hospital, as more than a hundred equally capable men stood ready to fill their places.

A sort of Keeley cure combination has lately been started in New York. It is a stock company, capitalized and runs a sanitarium.

They profess to possess a remedy and cure for inebriates.

When lo! the profession of New York was suddenly startled by the announcement that the nostrum had found its way into the wards of Bellevue Hospital.

It appears that without any formal consultation and without the knowledge or acquiescence of the Medical Board, the Commissioners ordered a ward to be prepared for the treatment of alcoholics by a medical man who employs his secret remedy on all alcoholic cases entering the service.

So much for the honor, dignity and independence of medicine in New York. Could a more deplorable state of degradation be imagined?

As a makeshift and a subterfuge an effort is made to cast the blame on the shoulders of the Commissioners; but it is about time that doctors learned that if they would command respect and public confidence they must first respect themselves. When the Medical Society of New York went into rebellion against the American Medical Association and repudiated its code, the only anchor and hope we have to preserve the old medical craft from drifting to pieces on the shoals of quackery, it took a leap in the dark. When word was passed along the line that honesty, decency

and professional integrity counted for nothing; when the black flag of the pirate was raised and the standard under which we have marched to a place among the nations, in medical science, was dragged down and trampled in the dust we should be surprised at nothing. The boldest and most brazen quack can secure as many consultants as he likes, provided only he have the "price."

Alas! indeed, the beginning of the end has come and retribution is near. They have sown the wind and are now reaping the whirlwind. The cloven foot of quackery is now firmly planted in the wards of Bellevue; the remonstrance of the faculty is impotent, for united action against it they dare not take lest their own heads go promptly into the basket.

Now let the good work of progress proceed; widen the ward areas and let in the hypnotists, the mesmerists and faith curers. They are "legalized practitioners;" why not consult with them?

Already the homeopathists and the eclectics are clamoring at the portals of Bellevue for admission; and, in all sincerity, we inquire, if they are eligible for consultation outside and are "legal practitioners," why exclude them from their share of public hospital service?

Contrast the situation in Bellevue, New York, with the Maternity Hospital, of Liverpool, England, where the managers undertook the task of compelling the Medical Board to submit to the dictation of a midwife superintendent. In the English city the Medical Board resigned in a body and so far, although the whole country has been scoured, not a medical man can be found to take their places.



Book Reviews.

ELECTRO THERAPEUTICAL PRACTICE. By C. S. Neiswanger. E. H. Colegrove & Co., Publishers, Chicago, Ill.

This is a compact "ready reference guide for physicians in the use of electricity." It is not designed to take the place of more complete treatises on the subject. The author has omitted theories, pathology and all

superfluous verbiage and confined himself to "plain facts and simple rules for the guidance of the great mass of practitioners who, it is supposed, have studied theory and pathology in their text books, but who desire to use electricity intelligently as an adjunct to other therapeutic agents." The work is excellent of its kind, and is creditable to the author.

--- Electro-Therapeutics ---

DR. S. H. MONELL, Editor.

REPORT OF THE ELECTROLYSIS OF CYSTIC GOITRES.

BY DR. CHARLES R. DICKSON, OF TORONTO, CANADA.

Electro-Therapist to Toronto General Hospital, Hospital for Sick Children, St. John's Hospital for Women and St. Michael's Hospital.

Encouraged by my successes during the past five years I am continuing my investigations in the treatment of cystic and other goitres by electrolysis. More than one hundred cases have been under my care, but I wish to report on two cases which possess some points of interest. Both occurred in otherwise healthy women, so I omit many details which might be

From the advance proofs of translations of American Electro-Therapeutic Association.

expected in a report of this nature.

Case I. Single, age about 26 years. Thin walled unilocular cyst. On July 1, 1893, I aspirated five ounces of fluid and injected to distension an aqueous solution of sodium chloride (one drachm to the ounce). The semi-insulated aspirating canula, with the solution, constituted the negative electrode, while the positive was a clav pad at the back between the shoulders. Fifty milliamperes was used for two minutes, then 100 m. a.

for ten minutes. Towards evening the neck was swollen and painful and there was no sleep that night. The pain continued the following day and no nourishment was taken. The evening temperature was 102 degrees F. The patient slept for a short time during the night. Third day, very little nourishment was taken, the neck was punctured at the former site and a small quantity of pus removed. Hot applications were ordered till retiring, followed by moist boracic dressing continued till morning. Morning temperature 101.5 degrees, evening 103.4-5 degrees, three hours sleep at night. Fourth day, morning temperature 100.1-5 degrees, a little nourishment was taken, a seidlitz powder was prescribed and the hot applications continued, evening temperature 103.1-5 degrees. There was again loss of appetite and the patient was restless and sleepless. Fifth day, morning temperature 102.2-5 degrees, pulse 108, anorexia continuing, at noon ordered salol. Phenacetin aa gr. 3 every three hours, evening temperature 99.4-5 degrees; had about five hours sleep. Sixth day, morning temperature 99.1-5 degrees, pulse 106; as the tongue was heavily coated a seidlitz powder was ordered and the prescription continued, also the poultices. The patient was able to take a little breakfast. The seidlitz not being effectual, calomel gr 1 was ordered, with seidlitz in morning, evening temperature 100.2-5 degrees.

From the 6th to 15th of July the conditions slowly improved, temperature, appetite and sleep becoming normal gradually. On July 15 the cyst was again aspirated and 3 oz. of turbid greenish-yellow fluid removed. Nothing further was necessary and to-day there is no sign of enlargement and no trace of the puncture. This case illustrates the fact that in thin walled unilocular cysts one electro-puncture may suffice, also that although reaction may be pretty well marked it is of short duration. But with thick walled (fibro-cystic) multilocular forms the treatment is usually more complicated and protracted, as the next case will show.

Case II. A patient whom I had

treated for cystic goitre having died from another cause I was enabled after the post mortem to observe the condition of the lobe on which I had operated, and this occurs so rarely that I determined to make a report of the case. The patient was thirty years of age, the right thyroid was enlarged and cystic, the left apparently normal.

1894, February 27th. After the hypodermatic administration of a cocaine and antipyrin solution, puncture revealed three non-communicating locules from which six ounces of sanguineous fluid was aspirated and the cavity filled to distension with a solution of sodium chloride. The negative rheophore was attached to the aspiring canula, the positive, to a clay pad at the shoulders. Fifty milliamperes was employed for fifteen minutes, the cysts were then emptied, the wound dressed antiseptically and firm pressure maintained. Nine hours later the pulse was 76, the temperature 98.1-5 degrees. The patient slept fairly well that night, had a slight chill the following morning with pain in the temples, dysphagia, and swelling of the tissues acted upon, but felt much easier towards noon when the pulse was 109, temperature 102. At 8 P. M. the pulse fell to 102 and the temperature rose to 102.4-5, but the patient felt much better. Calomel gr. 1-10 every quarter hour for twelve doses and salol gr. 5. Phenacetin gr. 3, every two or three hours were prescribed.

March 1 (third day) 12.30 P. M., pulse 114, temperature 103.2-5 degrees.

2d, 12.30 P. M., pulse 100, temperature 103.3-5. R. Salol gr. 6, phenacetin, gr. 3, every two or three hours and repeat calomel.

3d. Pulse 120, temperature 103. Salol gr. 6, every three hours, and pulv. glycyrrhiz comp. one drachm, at bedtime.

6th. Pulse 96, temperature 101.2-5 degrees. 3 1-2 oz. dark brown fluid removed from the cysts.

9th. Pulse 70, temperature 98.4-5 degrees. Salol discontinued.

13th. Pulse 72, temperature 98.3-5 degrees. One ounce of sanguino-purulent fluid removed and a Hembrath

gauze drainage inserted in the puncture track.

17th. One ounce and six drachms of chocolate colored fluid was removed from the most posterior cyst and a soft rubber drainage tube inserted.

19th. Free discharge.

20th. Cavity irrigated with carbolic, 1 to 20.

Till the end of April the dressings were at intervals of one to three days; in May and June the intervals were much longer.

July 9. A platinum wire connected with the positive rheophore was inserted in the drainage tube and the cavity filled with a solution of zinc sulphate, a clay negative pad as before. Twenty-five to fifty milliamperes was used for ten minutes. The goitre was now about one and a half inches in diameter, was dressed every two or three days and continued to atrophy.

July 19th. The same treatment as on the 9th was resorted to, but because of a tender spot on the back, only thirty-eight milliamperes was employed for ten minutes.

July 26th. Zinc-hydro-electrolysis again, fifty to eighty milliamperes for ten minutes.

August 3. Fifty to ninety milliamperes for 15 minutes.

August 11. Fifty to one hundred milliamperes for twelve minutes.

20th. Fifty milliamperes for fifteen minutes, then reverse the polarity and use twenty m. a. for three minutes.

30th. Thirty milliamperes for ten minutes, reverse and use ten m. a. for three minutes.

September 6. A zinc intra-uterine electrode was introduced and zinc-electrolysis employed, fifty milliamperes for fifteen minutes, the polarity was then reversed and the electrode withdrawn to the track of puncture outside the cysts, ten milliamperes being used for three minutes.

17th. A smaller zinc electrode was necessary and one hundred milliamperes, zinc-electrolysis, for ten minutes completed the electrical treatment.

19th. The cavity was filled with iodoform-glycerine emulsion and the

drainage tube plugged with absorbent cotton to retain the emulsion.

22d. The drainage tube was discarded.

October 17th. Drainage track closed.

November 12th. Patient reported general health much improved since the cessation of hostilities. The goitre was now apparently the size of a small walnut.

1895. February 1. Goitre only appreciable on making firm pressure, the cicatrix being adherent to the thyroid and hence rising on swallowing was freed subcutaneously after a hypodermatic injection of the cocaine and antipyrin solution.

A month later the patient was unfortunately asphyxiated, the house in which she lived being burned early in the morning of March 2. At the inquest which was held her husband stated that he had given her all the ready cash he possessed the night before, as they were about to move the following day. This money she had hidden for safekeeping in the shop below the sleeping apartments, and in running to secure it she had stumbled and fallen while he was engaged in saving the children. Some one who was present at the post mortem examination stated that no goitre was to be found, as several insurance companies were interested and a goitre on the right side of the neck had been set down as a means of identification, a theory of substitution for fraudulent purposes was started and developed very effectually by the newspaper reporters. At the suggestion of the Coroner I viewed the remains, which were charred beyond recognition. Fortunately, the woman had fallen on her face, thus partially protecting the neck from the action of the flames or identification would have been more difficult. After removal of the larynx and trachea the right thyroid was found to be very slightly larger than normal and on section the site of my puncture and of the former cysts was found to be occupied by cicatricial tissue, while the fact that the lobe itself had undergone calcareous degeneration was made very evident by the facility with which the salts of

lime could be scraped from the incision. Thus the goitre proved a very important means of identification after all, though scarcely in the sense intended by the insurance companies.

I had hoped to be able to present

this most interesting specimen for inspection of the association, but in this I am disappointed, as the case has not yet been passed upon, and the specimen remains in the possession of the Crown authorities.

159 Bloor street, East.

COMPLIMENTARY.

The American Medico-Surgical Bulletin recently contained two very complimentary notices of apparatus designed by the editor of this department of the "Times and Register." They are copied here in full as affording gratifying evidence of the recognition voluntarily given Dr. Monell's work, by one of the best of our contemporaries:

"ELECTRO-THERAPY."

"Electrical science being distinctively of modern origin, new principles and new economics, and medical applications are announced almost daily. Among the most recent electrical instruments that are of special value in electro-therapeutics is the Monell upright faradic apparatus. It was designed by Dr. S. H. Monell.

"It is portable, and is said to be the most complete battery ever made, because it introduces the first accurate and scientific method ever given to the medical profession for measuring and recording the therapeutic dose of the interrupted secondary induction current. A complete description of this apparatus will be forwarded to any physician upon request to the manufacturers.

"An advertisement of the manufacturers, The Jerome Kidder Manufacturing Company, 820 Broadway, New York, appears in this issue. The very valuable apparatus manufactured for years by this company is too well known to call for further comment. Their name is a synonym for integrity, reliability and scientific accuracy."

THE "MONELL."

The Jerome Kidder Manufacturing Company, 820 Broadway, New York, are in receipt of the following letter from Dr. John J. Gaynor, of Eureka, Cal.:

I have already a triumph to record for the "Monell." I have one case of exophthalmic goiter that resisted galvanism, no matter how or by whose method it was tried. I am well supplied with medico-electrical works, even to the latest, so that when I say I tried all methods it is true. Hence my ordering a "Monell." I could not

keep the patient's pulse under 100 with galvanism; and I gave her a month's holiday. She came back with a pulse of 125, and I started with the "Monell," reducing it in one sitting to 84. "An." over arch of aorta; "ca." on cilio-spinal centre. Next visit, pulse 94. "Monell" again, pulse 84 at close; next day 94-84; next day 94-82; next day 78-72; next day 76-72. This result has insured my good-will for your house and the instrument. I am very thankful for your trouble in writing particulars about X-ray apparatus.



Correspondence.

WAYSIDE NOTES.

From our Special Foreign Correspondent, Ernest B. Sangree, M. D. Vienna.

I have come to the conclusion, after a survey of Berlin, last year, and of Vienna this year, that for doctors these two cities are a sort of paradise, but the latter's antithesis for patients. The chief efforts of the crack professor appear to be devoted to the making of a diagnosis. It does not matter much whether the patient dies whilst he is working out the diagnosis or immediately thereafter. Indeed, I am sure that some of those here would often prefer the patient to die before he can get out of surveillance in order that the diagnosis may be verified at the autopsy table. For all who die in the *algemeine krankenhaus* are "posted," and not only that, but if the pathologists happen to take a fancy to any part of the body they will appropriate it, either for teaching purposes or as an additional ornament to the magnificent museum. I would advise any of my countrymen contemplating a trip to Vienna not to drop dead in the street, or to have a stroke of apoplexy and to die before regaining consciousness. In either case he would be carried forthwith to the city hospital. If the unfortunate incident occurred in the morning, let us say, by noon, his body would be on the autopsy table, having reached this by means of a wheeled table

on which it was piled, like a piece of wood, with several others. If it chanced to be the day for an operative surgery class, the body of this hypothetical gentleman might find its way to that room, and have performed on it by the students, the various amputations, resections, excisions and ligations; until, when his friends turned up, about all they would find would be his clothes and the tin-tag that had been attached to his great toe and contained his number as a body. When first I saw them remove, maybe the pelvis, the bones of the legs or arms, or cut the body up generally, so that it looked as if fresh from a railway accident, I would occasionally ask, "Had this person any friends?" "I don't know," would be the invariable answer. The fact is, the whole matter is under Government authority, and the people have to take it. No wonder, then, that these men know pathology; with from five to twelve autopsies every day, *carte blanche* as to what they wish in the way of material, and doing nothing but studying and teaching pathology year in and year out, all their lives, it may readily be supposed that in the course of time they acquire a knowledge of pathological manifestations which it would be hopeless for any other man not similarly situated ever to hope to attain.



Current Medical Literature.

CLAIMED TEST FOR INSANITY.

Doctor Buxton Ward declares there is one infallible symptom indicating whether one is sane or not. Let a person speak ever so rationally and act ever so sedately, if his or her thumbs remain inactive there is no doubt of insanity. Lunatics seldom make use of their thumbs when writing, drawing or saluting.

—Med. Age.

TETANUS ANTITOXIN IN "KOPFTETANUS."

G. Caretti (Rif. Med.) reports the following case: On September 8, 1894, he was called to a peasant woman aged 44, who had fallen from a cart on her head. He found a lacerated contused wound on the forehead, extending down to the bone, to which an improvised dressing of dirty rags had been applied. There was slight swelling for about a centimetre around the edges of the wound. He carefully disinfected the part with sublimate solution (1 in 1000), put in three carbolyzed silk sutures, and applied an antiseptic dressing. On the following days the inflammation of the neighboring parts increased, and edema developed on the eyelids and cheeks. This was relieved by squeezing out a little pus at one of the points of suture, and by the seventh day, when perfect union of the wound made it possible to remove the sutures, it had almost entirely disappeared. On the previous day (sixth since the injury) the patient had noticed a certain difficulty in opening her mouth, and transient pains with slight contractions of the masseter muscles. Recognizing that the symptoms pointed to the onset of tetanus, the author prescribed a draught of 4 grammes of chloral and

bromide of potassium, half to be taken at once, and half the following morning. On September 16 the trismus had reached such a degree that only a coin about the size of a three-penny piece could be passed flatwise between the teeth. A supply of antitoxin was at once procured from Dotteressa Cattani, and a dose of 2.25 grammes dissolved in 25 grammes of sterilized water was injected under the skin of the abdomen on September 16. On the following morning the trismus was somewhat less, but slight contraction of muscles at the back of the neck was noticed. Antitoxin was injected as before. On September 18 the general condition was satisfactory, but the lockjaw was complete; an injection of 1.10 gramme of antitoxin was given. The symptoms being somewhat worse on the evening of the 18th, another injection of the same amount was given. The patient was able to take liquid nourishment by sucking it through an aperture between the teeth formed by the powerful retraction of the lower jaw. The movements of the tongue and of deglutition were performed without difficulty. Another injection of 1.10 gramme was given. The patient suffered from sleeplessness and complained of severe pains in the head and along the masseter; there was facial paralysis on both sides. The temperature was not raised, and consciousness was undisturbed, and apart from the lockjaw and facial paralysis the patient was fairly well in herself. She remained in much the same condition until the beginning of October, when she began slowly to improve, but it was not till the middle of that month she was able to open her mouth sufficiently. On November 3 the author was able to announce to Professor Tizzoni that the patient was completely cured.

He points out that the progress of the disease was checked immediately after the administration of the antitoxin was begun; although on September 17 there was some appearance of the posterior muscles of the neck being invaded, this soon passed off. The author attributes the fact that no spasm of the pharyngeal muscles occurred to the remedial influence of the antitoxin. He refers to another case of "kopftetanus" reported by Giusti and Bonajuti in the *Gazzetia degli Ospitalia*, No. 56, 1894, which was cured by Tizzoni's antitoxin.

PERSIAN CURE FOR DYSENTERY.

Surgeon-Major T. S. Avetoon, of the British Army in India, communicates to the *London Lancet* a prescription from a medical work in the Persian language, which, he says, he has used successfully, with a slight modification, in about thirty cases of dysentery, during a little over two years. The dose is a drachm of cinnamon bark reduced to a fine powder and made into a ball, with a few drops of water, and is repeated morning and evening until a cure is effected. He says that his patients have often been completely cured by the ingestion of two doses, and that five doses has been sufficient in every case. The great antiseptic virtues of cinnamon are recalled by this.

TREATMENT OF ERYSIPELAS.

Dr. J. C. White recommends the use of a lotion of carbolic acid (1-2 drachm to 3 drachms each of water and alcohol). He invariably used this, and expected almost every case to be controlled within three days, often within forty-eight hours.

PERITONITIS.

I hold that our first aim in peritonitis is to counteract or diminish the effects of the shock. Opium is the recognized remedy, but I doubt

if its efficacy is in the direction of lessening peristalsis. I think it saves life in the same way as a syringe of morphia may save the life of a soldier who lies out all night with a mangled limb. Hot fomentations also are valuable adjuncts; but here again I am of opinion that their utility is greatest in lessening shock rather than in relieving pain.

—Seymour Taylor, M. D.

ACUTE BRONCHITIS.

Dr. J. W. Brannan believes nothing is more satisfactory than a poultice (three parts linseed, one mustard), to the chest where there is much constriction. The tepid bath is valuable, especially in fever, and to encourage respiration and expulsion of mucus. For cough, codeine is preferable to opium, having less tendency to check expectoration. Add to each dose three grains of muriate of ammonium and three grains of iodide of sodium.

—London Medical Times.

RAILROAD CORYZA.

B. Frankel endeavors to make a special variety of nasal inflammation from the specific cause of railroad riding. The exciting agent is the inevitable dust. He admits, however, that the sufferer must have a nervous predisposition, especially a hypersensibility of the nasal mucosa.

—Arch. f. Lar.

CHRONIC ENLARGEMENT OF THE TONSILS.

This will be benefited by painting every other day with a mixture of one-third compound tincture of iodine to two-thirds glycerine.

HYSTERIA.

It is said that one-tenth of a grain of apomorphia, hypodermically, will break up and thereafter prevent an attack of hysteria.

Foreign Exchanges.

Translated by F. E. CHANDLER, M. D., Boston, Mass.

FACIAL PARALYSIS.

1. Facial paralysis, usually attributed to cold, is frequently caused by mild otitis media. 2. This otitis is due to pharyngo-rhinitis. 3. The aural origin of facial paralysis accounts for a number of symptoms not otherwise easily explained—pain, etc. 4. The prognostic significance of this etiological fact is very great, for usually facial paralysis of aural origin is readily cured.

Launois, *Ann des Mal. de l'Oreille et du Larynx*.

MUMPS.

Pilocarpine influences the course of the disease most favorably in contradistinction to belladonna. Pilocarpine is the best remedy for the labyrinthine effusion which sometimes produces absolute deafness in mumps. Cases of suppurative parotitis often yield rapidly to the application of iodide of potassium in the liniment or ointment.

—Dundas Grant, *London Med. Times*.

EFFECT OF ELECTRICITY ON THE HUMAN STOMACH.

In the normal, direct application of rather strong faradic or galvanic currents has little, if any, effect upon the motor function of the organ, while the secretion is not affected. Direct application of electricity to the stomach when the disease is of nervous origin is an excellent remedy, and good results may also be expected when the malady is of organic origin. There is no appreciable difference in the effect of faradic or galvanic currents. However, the galvanic current (anode in the stomach) is preferable in painful affections, and the faradic in functional disturbances. In using the galvanic current great care is demanded to avoid the caustic effect of too strong a current.

—Goldschmidt (*Deutsch Arch. f. Klin. Med.*).

THE INFLUENCE OF SHOCK ON THE RECEPTIVITY OF THE ORGANISM FOR INFECTION.

R. Galeazzi has tried to ascertain experimentally whether the condition of shock had any influence on the rapidity and intensity of bacterial infection. Aseptically laparotomized guinea-pigs, in whom shock had been produced by wrapping the intestines in cold compresses, were inoculated with cultures of staphylococci, bacteria coli, of diphtheritic bacilli, and at the same time, control animals were similarly inoculated. It was found that the local and general changes in the former were much less marked than in the latter, although both had received an equal quantity of the injection. More especially was it noticed that the blood of the former contained a much smaller quantity of micro-organisms. He considers that this difference is due to the lower temperature and to the diminished exchange between the blood and tissues in shock. This view is supported by the fact that patients in a state of shock require larger doses of alkaloids to produce an effect than persons in a normal condition.

—*Centrblt. f. Chirurgie*, No. 5, 1896.

ERODIUM AS A HEMOSTATIC.

L. V. Komorovitch (*Vratch*, No. 9, 1896) points to powerful hemostatic effects of the erodium cicutarium (fam. Geraniaceae) in cases of metrorrhagia and menorrhagia. He tried this Russian popular remedy in twenty-three cases, in twenty of which floodings were caused by metritis, in one by myoma, in one by cervical polypus, and in one by abortion. The remedy was always given internally in the form of a decoction (one-half ounce of the herb to six ounces aq.), a tablespoonful every two hours. In all the patients the symp-

tom quickly subsided, even in those who had been previously treated by ergot and *hydrastis canadensis* without success. No accessory phenomena were ever observed, although in some cases the administration continued for several weeks. The erodium seems to exercise a direct tonic influence on the uterine muscular tissue, the organ growing distinctly firmer during the administration. In the case of cervical polypus the latter was found lying free in the vagina after two days' use of the decoction.

POTASSIUM PERMANGANATE IN THE TREATMENT OF GONORRHEA.

Dr. M. Moller (*Archiv. fur Dermatologie und Syphilis*, 1896, No. 1; *Centralblatt fur die gesammte Therapie*, June, 1896) has treated a hundred cases of gonorrheal urethritis with Jarret's injections of potassium permanganate. Some of them were acute, and others were chronic. All the patients were going about. Before the treatment was begun the following questions were always considered: Whether gonococci were present or not, whether the urethritis was anterior or posterior, whether collections of gonococci existed within the urethra or outside of it, and whether or not the case was suitable for the employment of Janet's method. Great care as to the strength of the solution is to be recommended; one may begin with a 1-to-5000 or a 1-to-4000 solution, and then proceed to one of 1-to-1500 or 1-to-1000, according to the reaction and the tolerance. A definite cure does not always coincide with the disappearance of the gonococci, but if, after an observation period of three weeks, after errors of diet, after soundings, etc., still no gonococci are to be seen, a definite cure may be taken for granted. The method is not painless; in acute posterior urethritis these irrigations are very painful, and not infrequently give rise to hematuria. Indeed, there are patients who refuse to submit to the treatment. There are cases in which, even after from fifteen to forty irrigations with solutions increased to the strength of

1 to 1000, gonococci may still be found; on the other hand, the method succeeds in some cases in which all other treatment has failed. The patient should be acquainted with the possible consequences of the treatment—pain, hematuria and cystitis, together with the chance of not being cured after all. As an abortive method, in the first three or four days of the disease, it is better than any other; after that it is not of so much value; in subacute and chronic cases it is superior to other methods; used without due care as to the strength of the solution, it is not free from danger.

Congenital Deformity of the Genito-Urinary Organs as a Cause of Derangement of the Intellectual Faculties, or of So-Called Sympathetic Insanity.

Professor Bartholomew Guise, of the University of Athens, Greece.

It is a fact well known to science that there are individuals of both sexes, neuropathic by birth, and presenting either a vice of conformation or some disease of the genito-urinary tract, who may be attacked either gradually or suddenly with psychic disturbances or sympathetic insanity. When in this state they may commit mischief, crimes, meet with accidents or commit suicide.

We have studied this form of disease for over twelve years, and will try to give an epitome of the results obtained.

There is a very intimate relation between the genito-urinary tract and the nervous centres. A lesion of the genital or urinary organs of even the slightest importance, may, in a neuropathic subject, cause a change of character, or even a true insanity, in any of its forms. For instance, a quiet, polite person may become boisterous, rough, rude, proud, difficult to manage, melancholic, hypochondriac, maniacal, etc., etc.

Who has not met with those brutal, hysterical, headstrong and violent women who are so often seen in the divorce courts. It is a well-known fact that this condition is often due to congenital causes. The celebrat-

ed Dr. Morris, an American, has shown that it is especially common in women with either imperfect development of the clitoris or adhesions of this organ. Dr. Morris claims that a simple breaking up of the adhesion changes the character of the patient. Not only in the female sex do congenital deformities cause a derangement of the mental faculties, but the same thing is common in males. For instance, the cryptorchids, the eunuchs, the hypospades and epispades, especially when arriving at the age of puberty, for they then, for the first time, understand their physical deformity.

In many published cases the termination of the mental trouble caused by these deformities has been very unfavorable. We have seen similar cases end in permanent melancholia or imperfect development of the mental faculties.

Not only the physical deformities, but also different genito-urinary diseases may cause the same train of symptoms, as, for instance, orchiepididymites, tumors or tuberculosis of the testicles, atrophy or ablation of one or both testicles. These organs seem to maintain a true equilibrium between the intellectual and physical forces.

The Romans in Scylla's time punished severely one who performed castration, for they found that it unbalanced mentally and bodily the one it was performed upon and would not admit any eunuch on the witness stand.

Eunuchs castrated shortly after birth, are generally constitutionally weak, thin, pale, cachectic, timid and bashful.

The Byzantine historians characterize eunuchs as weak morally and physically, as incapable of any generous action, as effeminate, as misanthropes, as sycophants, full of low and treacherous instincts.

Origenes, one of the fathers of the Christian Church, speaks of them in the same way.

We will now mention some cases in support of our premises. Mr. X—, 38 years of age, was so enraged at being deserted by his mistress that he took his testicles in his hand and

squeezed them violently. A nervous tremor came on immediately, and lasted several days. This tremor was accompanied by singing in the ears and absolute deafness, lasting several years. Patient finally married, and his condition has been slowly improving ever since.

Mr. Y—, student, 28 years old, suffering from an orchiepididymitis of gonorrheal origin, became melancholic and attempted suicide.

Two other patients with the same trouble suicided.

The intimate relation between the genito-urinary organs and the central nervous system, or the encephalon is well shown by their parallel development.

Microcephalic or micro-encephalic persons have usually some deformity or an undeveloped condition of the genitals.

Hydrocele, with atrophy of the testicle, which I met with in two cases, had severe psychic disturbance follow puncture of the sac and evacuation of the fluid. Possibly, this was caused by sudden contraction of the cremaster muscle.

Not only diseases of the testicle, but also those of the prostate, may cause each and every symptom already mentioned. We have met with several cases of chronic prostatitis of gonorrheal origin or caused by excessive venery. The patients were greatly troubled with insomnia, melancholia and hypochondria. They got well after a few injections of Ag. Nu. Case 3.

A shoemaker, 70 years old, who had suffered for years with senile prostatic hypertrophy and chronic cystitis, went suddenly insane and cut his throat. Another patient, ten years younger, and with the same diseases, had first insomnia, then melancholia, and finally committed suicide by drowning. This man was a heavy drinker.

One month ago, a married officer, 50 years of age, came to my office to consult me for an analogous trouble with the same train of symptoms. He was put on a general tonic regimen, besides washing out the bladder thoroughly with 1-3000 HgCl₂, boric acid, etc. He was then

taught to catheterize himself, and his mental and physical condition are now both restored to their normal condition.

In addition to the malformations and diseases of the genital system, those of the urinary system may cause mental derangements, identical with those already discussed.

We conclude, therefore, basing our deductions upon what we have said above, that (1) In this form of sympathetic insanity, there are no organic lesions; (2) that this form of insanity is especially common in persons with some malformation, or disease of the genito-urinary system; (3) that this form of insanity may improve, or even disappear, upon treatment of the local lesion or disease; (4) that many persons with congenital vice or acquired disease of the genito-urinary tract, may, through the consequent disturbance of their mental equilibrium, commit misdemeanors, crimes or suicides.

For this reason, a medico-legal examination is often necessary when an individual is brought before the courts on trial for some crime or misdemeanor, committed through the irresistible impulse of insanity, caused either by some malformation or disease of the genito-urinary system.

—Le Progres Medicafe.

CLINICAL SIGNIFICATION OF SINUOSITY OF THE TEM- PORAL ARTERY.

General arterio-sclerosis is the great enemy of advanced life. All these chronic lesions commence with endoperi-arteritis and slowly bring about the sclerosis of the organ, if it is localized, or of the entire organism if it is general. It is easy to see how the entire organism may undergo the influence of this general lesion that interferes with nutrition, since the elasticity and permeability of the vascular system constitute the first condition necessary for physiological nutrition. These conditions, either wanting or being defective, nutrition is no longer accomplished as it should be.

Patients with arterio-sclerosis age rapidly; the vitality of their tissues is

slight; they reach to external causes exactly as does the organism of an old man. External influences that would have no effect upon a healthy individual may endanger their lives.

Chronic dystrophic diseases, and general arterio-sclerosis in particular, are hereditary. The heredity is progressive, that is to say, it increases with each succeeding generation until the race is extinct.

Now, it is in the descendants of arterio-sclerotic ancestors that we notice the flexuosity of the temporal artery, which thus becomes a sign of great clinical value, for it indicates the malignant form of arterio-sclerosis. Professor Dieulafoy has mentioned this as a symptom noticeable in the course of interstitial nephritis, which is only one of the more frequent localizations of general arterio-sclerosis. No one else that we know of has called attention to this subject.

We can state from personal observation that sinuosity of the temporal artery usually shows itself at the age of 25 to 30 years, in descendants of arterio-sclerotic ancestors. There exists between these individuals a striking resemblance in some external characteristics. We notice in all of them a condition of leanness and a fiery, irritable character. They find it impossible to apply themselves for any great length of time to any subject, however interesting, because of the fatigue it causes them. In short, they present all the spinal symptoms that show that their nervous system does not work normally. Coincident with or shortly following the appearance of the symptom of sinuosity of the temporal artery, the patients complain of palpitations and lassitude; they notice a slight dyspnea.

Auscultation gives clicking of the second sound at the base of the heart.

Blind spells come on suddenly with or without apparent cause, and during the night the patients must rise several times to empty the bladder. Examination of the urine made at different intervals gives only negative results.

As we see, the appearance of the symptom of the temporal artery is followed by, or coexistent with, other

symptoms, slight or fugitive from a clinical point of view.

When physician at the old men's hospital we had more than one hundred patients under our charge, but we rarely saw the symptom of sinuosity of the temporal artery so prominent as it is in the descendants of arterio-sclerotic patients. We wish to call attention to this because all authors are not unanimous as to the etiology of arterio-sclerosis. Most of them believe that hard work, physiological poverty, moist dwellings, alcoholism and especially the abuse of spirits of poor quality are potent factors in the causation of arterio-sclerosis; other authors deny some of these factors, alcoholism especially.

Now, while disaccord reigns as to the causes, no one denies the power of heredity. It is our opinion that general arterio-sclerosis may come from the causes just enumerated, but unless hereditary, it is compatible with long life and is only the benign form of the disease.

That is, in our opinion, the reason why so many patients with arterio-sclerosis live to a ripe old age. It is a different story with the progeny of these patients.

Here the progress of the disease is

rapid; the symptom of the temporal artery is very prominent, and the persons attacked die in middle life.

It now remains to be shown if those descendants of arterio-sclerotic patients, who have not the hereditary curse, will have the sinuosity of the temporal artery.

As yet, we can affirm nothing.

Sinuosity of the temporal artery is followed by a sclerosis of the cerebral, renal or coronary arteries and most descendants of arterio-sclerotic patients die of some lesion of these three organs.

Two of our patients have died, one of cerebral-hemorrhage, and the other in a syncope (sclerous myocarditis). The parents of these two patients died of apoplexy, but at a more advanced age. The offspring dying 10 to 15 years younger than their parents. This tends to confirm what we have said above about the progression of general arterio-sclerosis.

We have published these notes of cases coming under our personal observation in order to attract the attention of our professional brethren to the symptom of sinuosity of the temporal artery, which seems to us of great diagnostic value.

—Le Progres Medical.



Current Surgical literature.

T. H. MANLEY, M. D., New York, Editor.

BACTERIOPATHY OF CANCER.

Petersen in the clinic of Czerny, made a series of experiments, with filtered or sterilized streptococci and the micrococcus-*peodigosus*, pure and associated animal cultures! These experiments on cancerous cases proved that the sterilized cultures acted with more energy than the filtered. He tried his experiments on ten cancerous and fifteen sarcomatous cases. In only one instance was there an appreciable diminution in the volume of the growth. The treatment was without any tangible results on cancers.

Rosenburger had seen no effect from these inoculations in cancerous cases. On the contrary, in sarcomata, he had witnessed happy results.

Senger had a patient with an inoperable sarcoma of the shoulder which he treated by the injection of erysipelatous cocci. Suppuration promptly followed, the discharge being copious. The part healed and cure resulted. He had not seen any benefit follow in cancer.

Reidel had seen several cases of sarcoma cured by arsenic. He observed that sarcoma was sometimes confounded with leucemic tumors.

Hasse had witnessed satisfactory results follow parenchymatous injections of alcohol in inoperable cancer of the breast or uterus. In four cases pronounced inoperable by eminent surgeons he effected cures.

—German Congress of Surgeons.—Gaz. Heb. 18, June, '96.

IRREGULAR THICKENING OF THE BONES OF THE SKULL.

M. Peau has called attention to the irregular thickening which we often encounter in operations on the cranium, in various pathological conditions. He had noted on the skulls of a large number of male subjects the greatest thickness is on the

left side. They were mostly heredito-syphilitics.

OPERATIONS ON OLD PEOPLE.

Alfred Gordon*, M. D., Philadelphia.

For very many years the influence of age on an operation was considered of the utmost importance, and it was frequently the case that even minor operations were refused to those who had passed a certain limit, solely on account of the age of the patient, when other conditions were favorable. Recently, I was witness of a case in point in this city, where two surgeons refused to operate upon an aged woman for hemorrhoids which, however, were afterward successfully removed by a third physician. We were impressed to ask whether every aged person must forego relief from pain, and be unable to benefit by the recent advances in contemporary surgery, solely on account of their age.

We believe that in many cases it is impossible to rightly estimate the age of a person from the number of years they may have lived. The organic decadence which takes place in old age is so imperceptible in degree, and the loss of vital energy is so gradual, that it would often be embarrassing to define at what point old age begins. It is true that little by little the exterior appearance of a person is changed, but these signs are very variable in both sexes. The characteristic phenomena of old age take place rapidly in some people and more slowly in others, and this difference depends upon many conditions, such as difference of constitution, temper, environment, conduct, health, customs, race, climate, etc. Fleury, in his course of hygiene, said: "Of course there are old men of sixty, forty, and even twenty years, and there are men who are

(*Author of "La Vieillesse," Paris. 1895.)

young and active in spite of the wrinkles on their faces and their gray hair." Hence, nothing can be less scientific than to estimate the degree of old age from the number of years the person has lived.

Researches in medical literature and observations in the hospitals, particularly those of Paris, during seven years, confirm this statement. In one hospital the surgeons would refuse all cases of aged people, and in another a surgeon more courageous and not bound by routine, has taken many of these cases, and in a large proportion of the operations has been very successful. A consideration of fifty-six cases, reported in recent literature, of operations upon people who might be considered as old, leads of necessity to the conclusion that no surgeon has the right to refuse operative relief merely on account of the age of the patient. In these the cases terminating fatally are purposely reported, in order not to destroy the value of the comparisons.

In twenty-one cases of operation for cancerous tumors we found two with a fatal termination, and one of the patients, aged sixty-five, was small and weak, and the other had albuminuria. These would have an unfavorable influence, even when the persons operated on were young. Strength is more necessary than youth. In 14 operations for amputations and disarticulations, seven were fatal. One of these had gummy tumor in the lungs and a profound alteration of his kidneys and liver. The second died from phlebitis, the result of the digital compression on the groin during the operation. The third, fifth and sixth were habitual drunkards. The fourth had a diseased liver and kidneys, and the seventh was cachectic and had emphysema. From these facts it can readily be seen that the mere fact of old age had nothing to do with the ill-success of the operations.

On examining the successful operations it was found that all were in good health except for the lesion necessitating the operation. In the comparatively few cases on record where healthy and strong old people

died from operation, it is likely that the cause of death can be as readily traced to some exterior cause, perhaps as much from a failure to maintain rigorous aseptic and antiseptic conditions as any other.

—Medical and Surgical Reporter, June 20, 1896.

TRAUMATIC DIASTASIS OF THE ACHROMIO-CLAVICULAR JOINT.

Bahr (Cent. fur. Chir., November 2, 1895) reports a case of diastasis of this joint, and comments upon the difficulty of diagnosis and the rarity of the recognition of this common traumatism.

This traumatic diastasis is the consequence of an injury to the ligaments, which are not sufficiently injured to produce a luxation of the clavicle. It may result from traumatism, or from a partially healed luxation of the clavicle or even an oblique fracture, involving the joint. The diagnosis is difficult in fresh cases; the ordinary symptoms are not markedly present. The most certain symptom is a gliding of the acromion beneath the clavicle on abduction of the arm, and the reduction when the arm is abducted. There is great pain on abduction, so that etherization is sometimes necessary.

EMBOLISM IN THE RIGHT AXILARY ARTERY IN A PATIENT WITH CARDIAC DISEASE.—RE-ESTABLISHMENT OF THE CIRCULATION BY A CIRCUITOUS ROUTE.

M. G. Galliard presented a patient with mitral stenosis, though with no antecedent history of rheumatism. She had the attacks of asystole; after the second she was seized with the most atrocious pains in the right shoulder; which became cold, cyanosed and powerless. The radial pulse was absent and edema followed. Gangrene was threatened. After some days, color and heat were restored, when it was clear that the collateral circulation was re-established. More or less pain, however, continued at the shoulder.

—Académie De Med., Paris.—Gaz. Heb., May, '96.

SUTURE OF THE HEART.

Cappelen (Norsk Magazin for Lægevidenskaben, March, 1896) reports the following case: A man, aged 24, had, some hours before admission, received a stab from a knife in the left side. He went home alone, and about an hour afterwards was found lying in a pool of blood. He was brought to the hospital in a cab, and on admission was found to be unconscious; the pulse could not be felt, but pure though weak heart sounds could be heard to the right of the sternum, on a level with the fourth rib; the impulse could not be felt. In the fourth left intercostal space, in the middle axillary line, parallel with the rib, was a punctured, non-bleeding wound, 1 c.cm. long. After a camphor injection the patient began to breathe, and the pulse could be felt. The left side of the chest did not move in respiration. Under chloroform narcosis a resection of the fourth rib was made, after enlarging the wound. The pleural cavity was filled with partly liquid, partly coagulated blood, compressing the lung. After evacuating the blood, which was estimated to be about 1400 c.cm., the lung dilated and was found not to be wounded. By resecting 5 cm. of the third rib a wound 1 cm. long could be seen on the pericardium, bleeding freely. The sac was filled with coagula, and on enlarging the opening a wound 2 cm. in length was seen on the left ventricle, causing the bleeding. The wound was sutured and an artery tied, after which the hemorrhage ceased. The needle was brought half way through during a contraction, and then dropped, and when the heart dilated after a second contraction the point was grasped and the needle brought completely through. The suturing was made very difficult by the rhythmic movements of the lung, which covered the whole operating field, and by the heart contractions, which, however, were perfectly regular and quiet all the time. The pericardial cavity was emptied of clots as far as practicable. The pulse after the operation was very quick and feeble, but improved after a subcutaneous saline injection. The patient sank

gradually, however, and died two and a half days after the operation. At the necropsy it was found that a large branch of the coronary artery had been wounded; the wound had begun to heal, but there was evidence of pericarditis, and various bacteria were found in the fibrinous exudation. The knife had passed through the pleura in front of the lung without wounding it, and again through pleura and pericardium into the heart.

—B. M. Journal.

SYMPHYSIOTOMY.

Symphysiotomy is an operation which, originally suggested by a French student, fell into obscurity, only to be revived and reinvented but a short time ago. It is an operation which, at the time of its revival, gained a quick popularity, but, like antitoxin, we do not hear quite so much about it now. In America, however, it is often done, and in a recent paper, Dr. Edward A. Ayers came to the following conclusions concerning it: 1. Secure full dilation of the cervix, if possible, without risk to the child; (2) make the initial incision a little above the subpubic arch; (3) have the urethra and bladder held to one side with a sound; (4) introduce the index-finger into the vagina against the posterior groove or ridge of the joint up to the top; (5) pass a narrow scalpel up to half an inch of the top; (6) substitute a probe-pointed bistoury and work the blade downward until separation is felt by the posterior finger; (7) have the assistant press the mouth of the wound and tissues lying over the joint with a small piece of gauze; (8) deliver with forceps, if possible, and refrain from suprapubic pressure, aiming to deliver the head without drawing down the soft parts; (9) pass a small strip of gauze into the pubic wound, and another into the cervix, leaving both pieces free for easy removal; (10) dress the vulva with gauze; (11) remove all gauze after thirty-six hours and irrigate vulva and vagina twice daily; and (12) attend to catheterization in person.

—London Med. Times.

Current Literature in Obstetrics and Gynecology.

E. D. KINNEY, M. D., Boston, Editor.

VAGINAL FIXATION AND PREGNANCY.

Kossmann (*Zeitschrift, f. Geburtshilfe und Gynak.*, vol. XXXIV, pt. 1, 1896) in fulfillment of a promise to report on a case where he had performed vaginal fixation and the patient had become pregnant, demonstrated the patient after recovery from labor at term. She was able to go about till the moment that labor set in. The waters began to escape six hours before the first pains; within eight hours the child was born spontaneously. The vertex presented in the second position. There was no flooding, the puerperium was normal, and the child, a robust female, twenty inches long, was reared.

VAGINAL INJECTIONS AFTER LABOR.

Dr. Sebilléau says that amongst practical obstetricians, M. Tarnier is the only one who continues routine use of vaginal injections after labor, and brings around some original observations to prove not only their futility, but also their occasional danger. The best interests of the patient are conserved by the accoucheur adopting antiseptic surgical precautions and making but few vaginal examinations. In addition he advocates the washing several times daily of the external genitals with antiseptic solutions, and in the intervals the application of an antiseptic dressing. The only conditions which justify vaginal injections are (a) a slight rise of temperature; (b) fetid lochia; (c) an accumulation of clots in the canal, and (d) retention of the membranes.

—Journal de Medicine.

RATIONAL TREATMENT OF ABORTION.

In cases of severe hemorrhage and febrile disturbances, occurring in the first two months, the entire contents of the uterus should be removed. The

finger or the curette, or both, may be used for this purpose; the calibre of the cervix will determine the choice of method.

In the third month, if the os uteri is not patent, tampons are at first employed. Anesthesia is necessary for the radical removal of the product of conception. The placenta may have to be removed by means of the curette. The fetus can generally be best taken away by slowly introducing the finger and using that alone.

In the fourth month the fetus must be removed without the aid of the curette, although remnants of placental structure and membranes may call for the use of that instrument.

Even after spontaneous abortion the uterine cavity is to be explored and all remnants promptly removed by means of the curette.

Only very free hemorrhage calls for the employment of tampons. They are to be introduced into the vagina only. Uterine tampons are to be avoided as much as possible.

Benicke, in *Allgemeine Medicinische Central-Zeitung*.

EXTRA-UTERINE PREGNANCY AT TERM, WITH LIVING CHILD.

Dr. A. Martin reports the case of a woman, 31 years of age, who, during the whole term of her pregnancy, had frequent malaise, loss of blood and uncontrollable vomiting.

Her general health was bad, extreme emaciation, urine albuminous, features drawn.

Examination, palpitation and auscultation showed an extra-uterine pregnancy in its last stages.

In a few days the cyst was so distended that there was danger of rupture, and author operated, finding the child alive and superb of form and development. It died soon afterwards.

—La Normandie Medicale.



Miscellany.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

A meeting of the executive committee of the Mississippi Valley Medical Association was held at Atlanta, on May 6, and the following gentlemen were appointed to deliver addresses: Dr. H. N. Moyer, Chicago, "Address on Medicine;" Dr. Horace H. Grant, Louisville, "Address on Surgery."

The indications are that the meeting to be held at St. Paul, on October 20, 21, 22 and 23, will be the largest and most successful in the history of the Association. As all the railroads will offer reduced rates for the round trip an opportunity will be given to visit St. Paul and Minnesota during the most delightful season of the year.

C. A. Wheaton, M. D., St. Paul, Minn., chairman Committee of Arrangements; H. O. Walker, M. D., Detroit, Mich., president; H. W. Loeb, M. D., No. 3559 Olive street, St. Louis, secretary.

THE ACTION OF LACTOPHENIN.

(Wiener Med. Presse, 1896., No. 50.)

The author reports a large experience with this drug in the treatment of children. He has used it as an antipyretic in pneumonia, bronchitis, typhoid fever and diphtheria. It reduces the temperature promptly, and he reports no untoward effect on the stomach or depressing effect on the heart. Because of the last-named advantage, he has substituted it largely for other antipyretics for children. To infants of one year he gives three-fourths of a grain; at four years he gives one-fifth of the adult dose.

—Archives of Pediatrics, June, 1896.

CONFIRMATION DESIRED.

Chattanooga, Tenn., Feb. 13.—Sally Beckwith, colored, 69 years of

age, yesterday gave birth to a quartet of healthy infants, three boys and one girl. The babes weigh about six pounds each. One of the boys has a double row of fully developed teeth.—Boston Globe.

NATURAL THEOLOGY.

Bobby—"Say, mamma, was the 'baby sent down from heaven?'"

Mamma—"Why, yes!"

Bobby—"Um! They likes to have it quiet up there, doesn't they?"—Los Angeles World.

"STILL A-KICKING."

He kicked the moment he was born,
In a stalwart, lusty cry;
He kicked and howled in his babyhood,

Till the neighbors thought they'd die.

He kicked when first he went to school,
And he scratched the nursemaid, too.

He kicked on his college football team—

Yes, he kicked his whole life through.

He kicked right hard in politics,
Though he didn't often vote,
And he kicked at the way the choir sang,

Though he couldn't sing a note.
He kicked the bucket finally,
And nobody mourned, you bet!
But, unless his legs have been burned off,

He is probably kicking yet.
—Somerville Journal.

IN THE SUNDAY SCHOOL.

Teacher—"What are the two things necessary to baptism?"

Little Girl—"Please, sir, water and a baby."

—Life.

Therapeutical Progress.

OXYGEN IN ACUTE ANEMIA.

The patient, aged forty-four years, under Professor Koster's care, at Gothenburg, was suffering from pseudo-leuchemia. Arsenic and quinine had no effect, and the patient was getting gradually worse. Dyspnea being the most distressing symptom, Koster resolved to try the effects of the inhalation of oxygen. After the first inhalation, in which only four litres of gas were used, the dyspnea improved considerably, and disappeared entirely in a few days. The inhalations were continued daily, four litres being consumed each time, and under their influence the spleen diminished in size, the number of red corpuscles increased steadily, and at the end of a month the patient was able to leave the hospital in good health. The remarkable feature in this case, Koster points out, was the small quantity of oxygen required to bring about a favorable result. Usually daily doses of thirty to fifty litres are necessary.

—*La Semaine Medicale*, Jan. 29, 1896.

THE EFFECT OF ETHER AND CHLOROFORM ON THE KIDNEYS.

Eisendrath (*Deutsche Zeitschrift für Chirurgie*, Band XL, 1896), has examined the urine in 130 cases of anesthesia—sixty from ether and seventy from chloroform. No cases were included in which there was fever, or in which the urine contained an excess of urates. Albumen was detected by heat, nitric acid, acetic acid, potassium ferrocyanide and Spigler's test. Sediments were precipitated by the centrifuge. In eight cases out of thirteen in which there was albumen in the urine before the anes-

thesia there was an increase of the albuminuria, four times after ether and four times after chloroform.

Of the patients whose urine was free from albumen before anesthesia, twenty-five per cent. had albuminuria after the inhalation of ether and thirty-two per cent. after the inhalation of chloroform. Often where no albuminuria was detected, the urine contained renal epithelium and tube-casts. Tube-casts were found as frequently after the use of chloroform as of ether, being present in 28.3 per cent. of the cases; but they disappeared from the urine more quickly after ether anesthesia.

—*U. Med. Mag.*

ASBESTOS AS A SURGICAL DRESSING.

Dr. E. O'N. Kane, an American surgeon, has recently recommended asbestos as a practical and useful substance for a surgical dressing. Such dressings, he remarks, may be carried in any parcel, bag or satchel, may be handled by dirty hands, spattered with blood or any sort of filth, and yet can be rendered absolutely aseptic in less than two minutes by tossing them into a fire. After having completed an operation, the surgeon can have his asbestos dressings removed from a fire, cooled and ready to be applied in a very short space of time. The same dressings can be used, if necessary, though it is advisable to wash off some of the discharge before the dressings are burned. Repeated burnings seem to injure the quality of the material somewhat. The form of asbestos most used is asbestos fibre, which is as soft as silk floss, and its absorbent properties are greater than those of absorbent cotton. Asbestos wicking,

packing and cording are adapted for drainage tubes. Dr. Kane's suggestion seems a good one; such a dressing as he describes would be especially suitable for hospital use, and would cause a considerable saving in expenditure.

—London Med. Times.

A FOOD FOR CHRONIC INVALIDS.

In the treatment of many chronic ailments, attended with debility, the physician is often confronted with the problem of how to supply the patient with an adequate supply of nourishment without overtaxing the digestive organs. This applies particularly to albuminous foods. It is quite common to meet with chronic invalids who manifest a decided repugnance for meats or milk, or whose digestive organs are unequal to the task of disposing of a sufficient amount of these substances. Under these circumstances it is necessary to resort to supplementary foods, and for this purpose various beef extracts have been administered. To be possessed of actual nutritive value, however, such a preparation must contain the albuminous principles in a form that they will be readily digested and assimilated, and in a concentrated state, free from undesirable admixture, which would only act as useless ballast. The more recent physiological researches have shown that when given in the form of albumoses, albuminous substances are more rapidly utilized in the system, while the pure peptones are objectionable for many reasons, chief among which are their disagreeable taste, their tendency to irritate the stomach, and produce diarrhea. This is sufficient to condemn them, and, as a matter of fact, frequent attempts have been made to eliminate them from food products as much as possible. These attempts met with but little success until the introduction of somatose, which is practically a pure albuminous preparation, containing but a trace of peptones. It is tasteless and odorless, which enables it to be added to other foods without impairing their savor. This

of itself is a point of importance, since invalids and convalescents, especially children, quickly manifest a distaste for the ordinary beef extracts. That the albuminous elements, the albumoses contained in somatose, are perfectly assimilated is evidenced by the rapid increase in weight and strength observed after their addition to the diet. Experiments with the hematometer have revealed that the administration of somatose has a pronounced influence in increasing the number of red blood corpuscles, and this is confirmed by the results of clinical observations. In cases of anemia and chlorosis in phthisical and in chronic disorders of the intestinal, as ulcer and cancer of the stomach, its restorative effects have been strikingly exhibited. During convalescence from exhausting diseases and as a food for feeble children it is also a valuable adjunct to the diet.

FERRATIN, IRON TONIC AND FOOD.

(Chicago Med. Recorder, Jan., 1896.)

The author reviews the literature on Ferratin, quoting Schmiedeberg, Germain See, Dujardin-Beaumetz, Marfori, Jaquet, Fackler, Einhorn and others, and then cites a case of anemia in his own practice, "because the improvement under the use of ferratin was so striking as to merit special mention." Patient, a girl of 17, became anemic after an attack of grippe, lost her appetite, etc.; condition on November 15 as follows: Face pale, of waxy color; lips and conjunctiva almost white, headaches, insomnia, constipation, shortness of breath, bad appetite, etc. Half-gramme doses, three times daily, with hygienic regulations, caused improvement after first week, and gradually her appetite returned, headaches and insomnia disappeared, red color was restored to lips and face, and within five weeks the blood corpuscle count showed an increase from 2,100,000 to 4,150,000 per ccm. Author concludes that "Ferratin can be safely recommended as a hamatinic remedy, with suitable diet, hygiene and exercise not to be neglected."

Prescriptions.

DIABETES MELLITUS.

Solis Cohen uses codein in certain cases of this disease in gradually increasing doses up to twelve grains or more daily:

R. Codein phosphat. gr. ii
 Alcohol. dr. iv
 Dilute phosphoric acid. dr. ii
 Glycerine. dr. vi
 Solution of hydrogen dioxide
 10 volume) to make. oz. iii.
 Dose: Two teaspoonfuls in three
 ounces of water.

—College and Clinical Record.

LEUCOCYTHEMIA.

R. Acid arseniosi. gr. i.
 Pil. ferri carbonatis.
 Quinidiæ sulphat. aa dr. i.
 M. et ft. pil. No. xl. Sig.: Two pills
 three times a day

—Da Costa.

RINGWORM OF THE SCALP.

Chrysarobin in collodion has been found to give excellent results in the hands of Dr. C. W. Allen. The dangers and disadvantages of the drug are lessened, and it is thought the collodion acts favorably by shutting out the air. He also advocates the use of an caoutchouc cap fitting snugly to the forehead, if not the entire scalp. Dr. Wolf rubs in twice a day the following for several weeks:

R. Chrysarobin 5 parts
 Acid salicylic 2 "
 Ichtyol 5 "
 Vaseline88 "

After it may be followed by:

Powdered zinc oxide 6 parts
 Precipitated sulphur 4 "
 Silicated earth 2 "
 Benzoated lard8 "

until the irritation has subsided. Dr. Hutchins found pyrogallie acid (2 to 3 per cent.) in collodion rapidly curative.

—Medical Record.

CHLOROSIS.

With careful attention to diet, and a tepid sponge followed by brisk tow-

eling both night and morning, the late Sir Andrew Clark recommended the following to be taken twice a day:

R. Dried sulphate of iron. 24 grs.
 Epsom salts. 6 dr.
 Aromatic sulphuric acid. 1 dr.
 Tincture ginger 2 dra.
 Infusion of gentian and quassia. 8 oz.

One-sixth part to be taken twice daily, about 11 and 6 o'clock.

Occasionally this acid mixture produces sickness, dries the skin, and is otherwise ill borne, when other remedies must be selected, preferably:

R. Dried sulphate of iron. 24 grs.
 Bicarbonate of soda 2 drs.
 Glauber salt 6 oz.
 Tincture ginger 6 drs.
 Spirit of chloroform 1 dr.
 Infusion of quassia. 8 oz.

One-sixth part twice daily, at 11 and 6 o'clock.

Sometimes neither mixture agrees, when sulphate of iron in pill with meals, and a saline aperient on first waking in the morning, may be substituted. By this plan Sir Andrew held that nine out of ten cases of chlorosis recover in from one to three months, and by careful attention to the bowels, taking twice a week a pill composed of aloes, myrrh and iron, the recovery will be permanent.

—Lancet.

INSECT STINGS.

Neal recommends the following especially in mosquito bites:

R. Pulv. ipecacuanhæ. dr. ss.
 Spt. vini. rectific.
 Aetheris aa oz. ss.

Beta-naphthol soothes the irritation produced by bites of fleas, bed bugs and mosquitoes. It may be used as a powder, lotion or ointment. Ammonia, soda carbonate, potassium bicarbonate dr. ss—og. i) may also be used.

CONSTIPATION OF PREG-NANCY.

R. Aloinegr. $\frac{1}{2}$
 Ext. bellad.gr. $\frac{1}{4}$
 Cascar. sag.gr. $\frac{1}{2}$
 Strychn. sulph.gr. 1-60
 —Hirst.

WHOOPIING COUGH.

R. BromoformM 16
 Sp. vini. rect.dr. ii.
 Glycerinoz. iss.
 Tinct. card. cooz. ii.
 Mix in the order given.
 Sig.—A teaspoonful every six hours
 for each year of her age.

ECZEMA OF THE EAR.

In moist eczema of this region, when the eruption is confluent and situated in the auricle and behind the ear, and in those cases in which a chronic discharge from the middle ear has caused small vesicles to appear in the meatus itself, Dr. Chetelier recommends that the affected part be washed with a very weak warm solution of bichloride of mercury three or four times daily. After it has been carefully dried with absorbent wool, the meatus should be filled with finely powdered iodol, and the external parts dusted with the same reagent, while a pledget of cotton wool should be placed in the canal. In dry eczema, affecting the auricle or the adjacent part, the mild perchloride wash may be used, and the following salve applied:

Iodolgr. xv.
 Lanolinoz. i.

When the external auditory canal is involved the epithelial scales should be removed by irrigation, and by means of absorbent wool twisted upon a probe. The canal should then be filled with

Iodolgr. xv.
 Albolene.oz. i.

and a plug of cotton wool inserted to assist in retaining the fluid. The dressing should be changed night and

morning, and as a rule the eczema will be cured in a fortnight.

—Revue. Internationale de Bibliographie Medicale.

RHEUMATIC DYSMENORRHEA.

R. Acidi salicylic.
 Sodii bicarbonat. .aa 10.0 (dr. 2 $\frac{1}{2}$)
 Tinct. stramonii ... 15.0 (dr. 3 $\frac{1}{4}$)
 Vini colchica rad.
 Glycerineaa 30.0 (dr. 7 $\frac{1}{2}$)
 Aquae100.0 (oz. 3 $\frac{3}{4}$)
 M. Sig.—One tablespoonful three or four times a day.

HAY ASTHMA (SUMMER CATARRH).

R. Potassii iodidi. . . .10.0 (dr. 2 $\frac{1}{2}$)
 Liq. potassi arsenit. .50 (dr. 1 $\frac{1}{4}$)
 Aquae120.0 (oz. 3 $\frac{3}{4}$)
 M. Sig.—Teaspoonful every four hours.

PAROTITIS (MUMPS).

R. Lanolinae40.0 (oz. 1 $\frac{1}{4}$)
 Plumbi iodidi.
 Amm. hydrochlorat. aa 4.0 (dr. 1)
 Ess. rosae(4 gtt.)
 M. Sig.—Apply locally twice a day.

DIARRHOEA.

R. Aquae250.0 (oz. 8)
 The white of an eggNo. 1
 Tinct. opii.1.0 (dr. 4)
 Mix well first the white of an egg with water and then add the tinc. opii. Sig.
 —One tablespoonful every hour or two.

I have treated a good many cases with this formula (which must be freshly made), and generally begin my treatment with a purgative and order an easily assimilated diet, especially milk diet.

MALARIA.

R. Methylene blue2.0 (dr. $\frac{1}{2}$)
 Pulv. nucis vomicae ...0.20 (gr. 3)
 M. et pil. No. 20. Sig.—Take eight daily.

Or

R. Methylene blue.2.0 (dr. $\frac{1}{2}$)
 Ext. belladonnae ...0.20 (gr. 3)
 M. et ft. pil. No. 20. Sig.—Take five daily.
 —Med. World.

For Physicians' Wives

THE BITING OF THE FINGER NAILS.

This is a most disgusting and foolish habit, but one that can be easily broken up if the individual is young. In infancy the habit of "sucking the thumb," which seems to give some babies such satisfaction, ought, nevertheless, to be stopped. Not only does the child suck in wind and colic, but this habit is often the foundation of biting the nails. Not only does the shape of the nails become impaired by this ceaseless gnawing at the tips, but the health is generally affected. Small children may usually be cured by dipping the end of their fingers repeatedly in some very disagreeable bitter substance, like quassia, the taste of which is not easily removed. A story is related of a woman over 50, who broke herself of this habit by persistent attention to her fingers. She began with one finger, then with another, giving each one special attention, and when she had succeeded in securing on one of these fingers a long nail of fair shape, she took up another. It took her months to break herself of gnawing at the last finger.

USEFUL THINGS TO KNOW.

To unite glass neatly put a little isinglass in spirits of wine, and when dissolved, add a small quantity of water. Melt the mixture over a slow fire, and apply to the broken pieces; the joint will be almost imperceptible.

* * *

Milk that has been standing any length of time in a jug should always be carefully poured into another jug, leaving a little at the bottom, for it is injurious to health

and this portion of the milk has often been known to cause typhoid fever.

* * *

Keep all poisonous medicines in a separate place with any other external remedies. When a new bottle comes in read the directions given carefully, noting whether the bottle is to be shaken, and if water is to be mixed with it before it is given to the patient.

* * *

Nothing will give such a polish to glass, even the finest, as slightly moist newspaper to wash it; use a dry newspaper to give the finishing touches.

* * *

The danger of infection during epidemics is very much lessened if people will take a warm bath daily, at night, if possible, and eat very nourishing food.

* * *

Powdered charcoal, if laid thick on a burn, causes the immediate abatement of the pain. A superficial burn can thus be healed in about an hour.

* * *

Warm milk used as a wash at night makes hard, coarse, or rough skin soft.

* * *

Candles and soap are cheaper when bought in rather large quantities; they also last longer if kept in stock for some time to harden.

* * *

Ripe tomatoes will remove ink and other stains from white cloth; also from the hands.

—Boston Traveler.

ODDS AND ENDS.

Charcoal is one of the best friends of the housewife. All sorts of utensils which have become musty through disuse or impregnated with the odors of strong vegetables through constant use, may be purified by rinsing with water in which powdered charcoal is sprinkled. Charcoal placed in the compartments of a refrigerator in which strong-smelling foods are kept, will prevent the odors from reaching the butter, milk and other odor-absorbing foods.

Put a lump of camphor in the case with the silverware when packing it away for the summer months. If this be done the silver will be less liable to become discolored.

A bag hanging in the kitchen to hold all the bits of string that come in on packages, each one neatly rolled up by itself, will be found very useful and save many steps, as will also a box to receive all the bags and pieces of brown paper that come to hand, and may be needed later for various household affairs. A hook screwed into the wall over the kitchen table, and holding a good-sized pair of scissors, is another household necessity.

Either walk, lie down an hour, read or sew, do fancy work, visit or chat with a congenial friend. The result of a month's fair trial of this plan will encourage any woman to further effort in the same direction.

To take a stain from a desk, caused by hot water, take equal parts alcohol and ether, apply quickly with a flannel cloth; if not applied quickly will remove varnish.

Ammonia and water have long been regarded the staple cleansing fluids for hair brushes. But this treatment, though satisfactory

enough as far as cleaning is concerned, is ruinous to the bristles, softening and eventually destroying them. A better method is to rub them in dry Indian meal until the oil and dust are completely removed from the brush.

—New York World.

A REFRESHING BATH.

The following is the formula of a "rejuvenator" from which Mme. Sarah Bernhardt is said to get unfailing refreshment. It is a liquid in which she is bathed from head to foot—an eau sedative, Madame Bernhardt calls it. The prescription is as follows: Two ounces of spirits of ammonia, two ounces of spirits of camphor, one cup and a half of sea salt, two cups of alcohol. Put all into a quart bottle and fill with boiling water. Shake before using. The method of application is very simple. The body is bathed with a soft sponge dipped in the undiluted liquid, and dried with the slight friction of a smooth towel. After the bath the stiffness and soreness of fatigue are all gone, the circulation is stimulated, and a gentle languor is induced, followed by a desire to sleep.

—The Practitioner.

CURING SEA SICKNESS.

Sea sickness can be relieved in several ways, and one doctor, after four years' experience, says there is no remedy like Worcestershire sauce, in teaspoonful doses, given without water, for both preventing and curing sea sickness.

It should be supplemented in some cases by the application of a lightly applied bandage, and resting on the right side, taking frequently small quantities of fluid food, such as good beef tea, with cayenne pepper in it.

No stimulant must be taken, and the feet should be kept warm with a hot brick or bottle. This treatment is very effective.

As a remedy for warding off the evil, apply with a brush collodion in three successive layers on the

epigastric region over the stomach and neighboring parts. It acts as a powerful anti-emetic. The diet and state of health should be looked after for a week before the trip, or a voyage on the ocean. Pastry and all rich foods should be avoided, and a course of cooling medicine taken to cleanse and purify the blood.

A strong cup of pure black, unsweetened coffee, taken an hour before starting, and three hours after a substantial, but easily digested meal, is also a great preventive.

—Philadelphia Press.

A REMEDY FOR DANDRUFF.

A physician thus gives his experience in the Louisville Medical Monthly:

"Having suffered much inconvenience from dandruff, and having resorted to many advertised nostrums and other means for relief, among which were various alcoholic solutions of castor oil, and washing the scalp with solutions of borax and carbonate of potassa, which latter, although effectual for the relief of the dandruff, seemed to impair the vitality of the hair, and cause it to become very sensibly thinner, was finally induced, from my knowledge of the frequent efficacy of sulphur in certain cutaneous affections, to try a preparation of an ounce of the flour of sulphur in a quart of water as follows, with the happiest result: The sulphur was frequently agitated in the water during intervals of a few hours and the clear liquid then poured off, with which the head was saturated every morning. In a few weeks every trace of dandruff had disappeared, and the hair became soft and glossy. After discontinuing the treatment for eighteen months there is no return of the disease. The remedy is highly recommended.

—Medical Summary.

DIGESTIBLE FOOD.

One of the biggest mistakes about food which people make is to forget that the true value of food to anybody is the measure of its digestibility. Half a pound of cheese is vastly

more nourishing, as regards its mere composition, than half a pound of beef, but while the beef will be easily digested, and thus be of vast service to us, the cheese is put out of court altogether for ordinary folks by reason of its indigestibility. We should bear this rule in mind when we hear people comparing one food with another in respect to their chemical value.

—London Hospital.

IN A WOMAN'S STOMACH.

A woman recently died at Albany, N. Y., who, for a number of years, had been possessed with a mania for swallowing all sorts of indigestible substances. The autopsy revealed in her stomach fifty-one hair-pins, sixteen needles, thirty-two nails of all sizes, two screws, three pieces of iron rod, three inches long and one-fourth inch in diameter; two rolls of hair, two pieces of wood, and three pieces of cloth, each of the latter being about five inches long and one inch wide.

—Medical Review.

M. Furitieres, a Frenchman, says that soup taken at the commencement of a dinner causes distension of the stomach most harmful to a proper assimilation of the solids that follow, and he endeavors to show that in the soup there is little or no nourishment. It is absurd, however, to assert that the stronger and richer purees do not contain a large amount of nutrition. They are, in fact, a meal by themselves, should be treated as such, and not be followed by other food, except, perhaps, a light repast of vegetables. A case in point is found in potage a la bouride et a l'aillolis, which is a Provencal form of bouillabaisse. The bouride, which is a fish, is boiled with garlic, spices, wine and bouillon. To this liquor, when the fish is withdrawn, is added a mayonnaise made with a clove of garlic crushed in a little salt, yolks of eggs, and oil slowly and carefully incorporated as in ordinary mayonnaise for a salad dressing.

—Am. Med. Review.